

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29230

SEP 20 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township KAW Primary Registration District No. 1002
 City Kansas C. Mo (No. 621 East 54th St. _____ Ward _____)

2. FULL NAME Ella Hamilton Winters

(a) Residence, No. 621 East 54th St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John B. Winters
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesboro Pennsylvania

13. NAME William Lee Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesboror Pennsylvania

15. MAIDEN NAME Mary Elizabeth Stoner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesboro Pennsylvania

17. INFORMANT Mrs. Wm S. Smith
 (ADDRESS) 806 South 40th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Abby DATE Aug 6, 1934

19. UNDERTAKER Stitz & McChes
 (ADDRESS) 3235 William Plaza

20. FILED 8-6 19 34 am on Cloude Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934 to July 3, 1934
 Last saw h. or alive on July 3, 1934 Death is said to have occurred on the date stated above, at A. m. 8:30
 The principal cause of death and related causes of importance were as follows:

Diag: Coronary Disease
Cause of Death: Coronary Occlusion
 Other contributory causes of importance: Arteriosclerosis
Myocardial Degeneration

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____

(Signed) E. H. Winters, M. D.
 (Address) 311 Regy Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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H. C. Winters

