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.

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

Do not use this space.

SEP 13 1934

1. PLACE OF DEATH

95 County Ste. Gen. Registration District No. 780 File No. 30601

1 Township Primary Registration District No. 4466 Registered No. 42

4 City Ste. Genevieve (No. , St. Ward)

2. FULL NAME August Winston

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helena Winston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 1861

7. AGE: YEARS 72 MONTHS 11 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Ste. Genevieve Missouri

FATHER
13. NAME James Winston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Missouri

MOTHER
15. MAIDEN NAME Philipine Labouyeau
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Missouri

17. INFORMANT (ADDRESS) Weldie Winston Ste. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ste. Genevieve Mo DATE Aug 10 1934

19. UNDERTAKER (ADDRESS) Leo C. Bisler Ste. Genevieve Mo

20. FILED Aug 10 1934 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1934, to Aug 9, 1934

I last saw him alive on Aug 8, 1934 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate Gland	?
Acute Uraemia	8/6/34
Chronic Myocarditis	?
End Chronic Nephritis	

Other contributory causes of importance:

131

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) R. C. Lanning, M. D.

(Address) Ste. Genevieve Mo