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.

APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 9432

Township — Primary Registration District No. 1001 — Registered No. 440

City St Joseph (No. ..... St. ..... Ward)

2. FULL NAME Herlan Davis Winn

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

Length of residence in city or town where death occurred yrs. Hospt 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 B. F. Winn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29th 1914

7. AGE: YEARS 21 — MONTHS 3 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Buchanan Co. Missouri

FATHER

13. NAME Orville Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co Missouri

MOTHER

15. MAIDEN NAME Viola Weets
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co Missouri

17. INFORMANT (ADDRESS) Charles Winn Edgerton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dearborn Mo DATE Mar. 24th 1936

19. UNDERTAKER (ADDRESS) Lucian Davis Dearborn Mo

20. FILED 3-22-1936 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1936, to 3-22, 1936

I last saw her alive on 3-21, 1936 Death is said to have occurred on the date stated above, at 7 a.m.

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

Principal Septemia (Induced abortion) — Date of onset

Other contributory causes of importance: Scarlet Fever

Name of operation Fixed Date of

What test confirmed diagnosis? 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) A. J. Smith, M. D.

(Address) Ft S. Rd