

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

Do not use this space.

Rec-1 Post 26
OCT 26 1937

35415

1. PLACE OF DEATH

County Saline
Township _____
City Marshall (No. _____, St. _____ Ward _____)

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 155

2. FULL NAME Jessie A. Van Winkle

(a) Residence, No. 3cudder Hotel 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 Male 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 Mary Bader Van Winkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 2 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Saline County
(STATE OR COUNTRY) Missouri

13. NAME John H. Van Winkle

14. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

15. MAIDEN NAME Jennie Johnson

16. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

17. INFORMANT John H. Van Winkle
(ADDRESS) Norton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Sept. 20, 1937

19. UNDERTAKER T. H. Campbell
(ADDRESS) Marshall, Mo.

20. FILED 9-20-1937 Mary Kent
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-37 .19

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from HEAD INJURY, 19____, to 9-18-37, 19____

I last saw h. alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:05 P.M.

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

SUICIDE BY TAKING SAME
POLSANOLO'S POWDER

Date of onset

Other contributory causes of importance: 162

Name of operation _____ 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? SUICIDE 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? ✓

If so, specify ✓

(Signed) T. E. Bradshaw, M. D.

(Address) ARROW ROCK MO.
CORNER SALINE CO MO.

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.

