

DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH *St. Francis* 779
 County *St. Francis* Registration District No. *779*
 Township *Randolph* Primary Registration District No. *6024a*
 City *St. Louis* (No. *1*) St. *1* Ward *1*

2. FULL NAME *Mary Nora Victoria Winston*
 (a) Residence, No. *1245* St. *1* Ward. *1*
 (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.

File No. *42314*
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*
 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 *Noah Winston*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 27-1858*

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>79</i>	<i>8</i>	<i>8</i>	

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

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) *St. Genevieve Mo.*

13. NAME *Clamencia Chamure*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Rose*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Mrs. W. C. Bouch*
(ADDRESS) *St. Louis Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Francis* DATE *Nov 22 1937*

19. UNDERTAKER *G. T. Boyer*
(ADDRESS) *St. Louis Mo.*

20. FILED *12/10* 19 *37* *W. B. Kluckworth*
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *November 19, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Nov* 19 *25* to *Nov* 19 *37*
 I last saw him alive on *Nov* 12 *45*, 19 *37*. Death is said to have occurred on the date stated above, at *9* P. M.
 The principal cause of death and related causes of importance were as follows:
C. valvula heart lesion Date of onset *11/13/36*
arterio sclerosis *11/13/36*

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? *claud* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no* 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) *W. T. Duval*, M. D.
 (Address) *St. Louis 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.

