REC'D JUL 20 1938

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

Do not use this space.

21887

File No. 512

Registered No.

1. PLACE OF DEATH
County Greene
Township Campbell
City Springfield (No. Springfield Baptist Hospital St. Ward)

Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME Mary R. Winn 500
(a) Residence, No. St., Ward. Billings Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred X yrs. X mos. 11 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 G. G. Winn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1865

7. AGE ✓ YEARS 73 MONTHS 1 ~~no~~ DAYS no If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.

FATHER
13. NAME Samuel Rowe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Hood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) G. G. Winn Billings, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Niangua Mo DATE July 1 1938

19. UNDERTAKER (ADDRESS) Rex Rainey Marshfield, Missouri

20. FILED July 1 1938 Chas A George Hew Registrar 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1938, to June 30, 1938
I last saw her alive on June 29, 1938. Death is said to have occurred on the date stated above, at 12 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	June 25
Cardio-vascular Renal disease	—
1862	

Other contributory causes of importance:

Fracture rt hip	June 19
Ovarian cyst	—

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 June 19 1938
Where did injury occur? Billings Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell on steps
Nature of injury Fracture rt hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Daniel L Yancey, M. D.
(Address) 500 Holland Bldg. Springfield, 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.