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.

33639

OCT 18 1939

1. PLACE OF DEATH
County Scotland
Township Vest
City Downing R R #4 (No. ..... St. ..... Ward)
Registration District No. 810
Primary Registration District No. 6057
File No. .....
Registered No. 37

2. FULL NAME Mary Martha Winn

(a) Residence, No. ..... 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Nelson Winn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 - 1861

7. AGE YEARS 78 MONTHS 6 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeping
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) Schuyler Co Mo

FATHER
13. NAME John See
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Mary Newland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) G. B. Goldsberry Downing Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friendship DATE Sept 24 1939

19. UNDERTAKER (ADDRESS) Gerth & Baskett Memphis Mo

20. FILED Sept 28 1939 E. E. Parrish Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/14, 1939, to 9/20, 1939
I last saw her alive on 9/20, 1939 Death is said to have occurred on the date stated above, at 3:40 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Labor Pneumonia | |
| 108 | |

Other contributory causes of importance:

Name of operation ..... 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 ....., 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. H. Baker, M. D.
(Address) Memphis Mo

RECEIVED
District Health Officer No. 18
District File No. 10-30-1817
OCT 15 1939
Date Filed