

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

Do not use this space.

18316

1. PLACE OF DEATH

County Shannon
Township Wenona
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 823
Primary Registration District No. 6074

File No. _____
Registered No. _____

2. FULL NAME

Sarah Winchester

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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)

Married

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

Joe Winchester

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

Oct 6 - 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
71	7 th	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife 18^{yr}
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mill Springs Kentucky

10. NAME OF FATHER

William Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Mill Springs Kentucky

12. MAIDEN NAME OF MOTHER

Ann Coffey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

14. INFORMANT (Address)

Mrs. Jennie Winchester
Wenona Mo

15. FILED (Date) 1930 REGISTRAR

5/22 1930 Mabel Beeler

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 22 1930

17. I HEREBY CERTIFY, That I attended deceased from _____ to _____ that I last saw her alive on _____, 1930, and that death occurred, on the date stated above, at _____ m.
May 16 1930 to May 22 1930
May 21 1930

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accident by slipping over
corn burned stomach
shold horns from back
rd right side (duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds. 18

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) S. J. Lehenorath, M. D.

Nov 19 1930 (Address) Wenona Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

New Cemetery

DATE OF BURIAL

5-23 1930

20. UNDERTAKER

Oscar Short

ADDRESS

Wenona 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.

JUN 28 1930
10/1

23
2

PARENTS

010021