

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County Pettis

Township _____

Registration District No. 668File No. 18646

or _____

Primary Registration District No. 3032Registered No. 44

Village _____

or _____

City Sedalia Mo.Ward M. K. & T. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME W. O. Winston

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED Married
WIDOWED OR DIVORCED
(Write the word)DATE OF BIRTH _____
(Month) (Day) (Year) 1859AGE 52 yrs. - mos. - ds. IF LESS than
1 day, ____ hrs. or ____ min.?OCCUPATION
(a) Trade, profession, or particular kind of work Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) M. K. & T. Ry.BIRTHPLACE
(City or town, State or foreign country) Dont knowNAME OF FATHER Dont knowBIRTHPLACE OF FATHER
(City or town, State or foreign country) Dont knowMAIDEN NAME OF MOTHER Dont knowBIRTHPLACE OF MOTHER
(City or town, State or foreign country) Dont know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. A. Beckenmeier(ADDRESS) Sedalia Mo.Filed May 19 1911 J. Sam Kelly

REGISTRAR

Deputy

DATE OF DEATH May 18, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
May 15, 1911, to May 18, 1911,
that I last saw him alive on May 18, 1911,
and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
12778
109
(Duration) ____ yrs. ____ mos. 6 ds.Contributory
(SECONDARY)(Signed) E. F. Yancy M. D.
May 18 1911 (Address) Sedalia Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. 4 ds. In the ____ yrs. ____ mos. ____ ds.Where was disease contracted if not at place of death? New Franklin MoFormer or usual residence New Franklin MoPLACE OF BURIAL OR REMOVAL Lankenman Mo. DATE OF BURIAL UnknownUNDERTAKER McLaughlin Bros. ADDRESS Sedalia 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.

