

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

Do not use this space.

1928

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No. St. Mary Hosp.)

File No. 34330

Registered No. 303

St. Warrensburg, Mo. Ward

2. FULL NAME

(a) Residence, No. John Lewis Winnie St. Ward

(Usual place of abode)

Warrensburg, Mo.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Ada L Winnie

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

May 29 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

68

5

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Salesman

NOB M

(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)

Missouri

10. NAME OF FATHER

Samuel Winnie

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va

12. MAIDEN NAME OF MOTHER

Mary Rogers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Rosa Hackley
Warrensburg Mo

15.

FILED

11-22-27

J. L. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 21 1927

17.

I HEREBY CERTIFY, That I attended deceased from Nov 21

1927, to Nov 21, 1927

that I last saw him alive on Nov 31, 1927, and that death occurred, on the date stated above, at 10-30 P

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rail Road accident
while crossing track in
Automobile was struck by
train in Sedalia, causing fracture
of left leg, rib, and internal
injuries

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Observation
A. L. Bradley, M. D.

, 19

(Address)

Warrensburg 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

DATE OF BURIAL

Warrensburg Mo

11-23 1927

20. UNDERTAKER

ADDRESS

S. B. Sweeney Warrensburg

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.

