WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

17248

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 2220

Township Kaw — Primary Registration District No. ..... — Registered No. .....

City K.C. Mo. (No. St. Marys Hosp. St. ..... Ward)

2. FULL NAME Francis Winters

(a) Residence. No. ..... St., ... Ward. Osage City Kans (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-4-1846

7. AGE: Years 82 | Months 4 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mo. Pac. R. Ry.
(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) Ohio

PARENTS

10. NAME OF FATHER Jas. Winters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Susie Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. C. E. Thompson (Address) 801 East 42nd

15. FILED 5/19, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1928

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1928, to May 18, 1928, that I last saw ~~h~~ alive on May 12, 1928, and that death occurred, on the date stated above, at 5:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Failure
1010
920
99B
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Bronchiectasis
(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Osage City Kan

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) J E Easter, M. D

5-19, 1928 (Address) 1001 Chambers Bldg Kansas 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: Osage City Ks. — DATE OF BURIAL: May 21 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

[illegible]
[illegible]
1-1f —