

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

Do not use this space.

17552

PLACE OF DEATH

County Jefferson
Township Madison
City Christiana City, Mo

Registration District No. 421
Primary Registration District No. 2-6-75

File No. _____
Registered No. 49
St. _____ Ward) _____

2. FULL NAME

Wm J Winton

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 2 31

8. OCCUPATION OF DECEASED 210M
(a) Trade, profession, or particular kind of work Realtor 109A
(b) General nature of industry, business, or establishment in which employed (or employer) 162
none
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jeff County
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Hy Winton

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

12. MAIDEN NAME OF MOTHER J Boyd

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

14. INFORMANT (Address) Rex M. Hickey
712. Clara St. St. Louis, Mo

15. FILED 5/2/28 J E Rutledge
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Multiple Injuries
auto accident on
High 61 near Pevly, Mo
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Pneumonia
8 days (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 188C
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo E. Fallet, M. D.
5/20/28 (Address) Paris, 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 Kansas City Mo DATE OF BURIAL 24 May 28

20. UNDERTAKER Quarles & Vinson ADDRESS Farber 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.

JUL 6

RECORDS OF DEATHS IN MISSOURI IS A PERMANENT RECORD

