

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

Do not use this space.

16829

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 701  
Primary Registration District No. 1003

File No.....  
Registered No. 4953  
St..... Ward.....

**2. FULL NAME**

(a) Residence. No. 1600 1/2 Morgan St., 25 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Cul 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 22, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 0 0 6

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Janitor  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER Phillips Winsor  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richmond (STATE OR COUNTRY) va  
12. MAIDEN NAME OF MOTHER Clara Morris  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond (STATE OR COUNTRY) va

14. INFORMANT Phillips Winsor (Address) 3315 Lasalle

15. FILED MAY - 1 1929 May C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 28 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1929, to Apr. 28, 1929, that I last saw him alive on Apr. 27, 1929, and that death occurred, on the date stated above, at 230

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Pneumonia  
refritis  
130 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) not known (duration) yrs. mos. ds.

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? Percussion  
(Signed) J. D. Flowers M. D.  
(Address) 1711 N. 10th St.

\*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 Washington Park DATE OF BURIAL 5-1-1929

20. UNDERTAKER Peoples and Co ADDRESS Franklin

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.

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