

JUN 27 1930

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

Do not use this space.

17069

1. PLACE OF DEATH
 County Randolph Registration District No. 736
 Township Prosper Primary Registration District No. 55EH
 City Resnick (No. _____) St. _____ Ward _____

2. FULL NAME John Thomas Winn
 (a) Residence. No. Resnick, Mo. St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 8
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Winn
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 20
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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) Howard County
 10. NAME OF FATHER Thomas Winn
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Howard County
 12. MAIDEN NAME OF MOTHER Margaret Resnick
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Howard County

14. INFORMANT Mr. J. M. Slaughter
 (Address) Resnick, Mo.

15. FILED 5-10-30 G. T. Kimbrough
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept _____, 1929, to May 20, 1930, that I last saw him alive on May 28, 1930, and that death occurred, on the date stated above, at 4:30 p. p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Bladder

51B
 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Hypertension
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) W. P. Jewell M. D.
ton 19 (Address) Resnick 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 Meyer Chapel DATE OF BURIAL May 23, 30

20. UNDERTAKER Andrew Winn ADDRESS 520 W. Rollin
Moberly 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.

Handwritten scribbles and marks in the top right corner.

Vertical handwritten text, possibly a date or reference number.

Vertical handwritten text in the upper middle section.

Vertical handwritten text in the center of the page.

Vertical handwritten text in the lower middle section.

Small handwritten mark or initials.

Small handwritten mark or initials.

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Vertical handwritten text in the bottom left corner.