

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

Do not use this space.

22786

1. PLACE OF DEATH

County.....Jackson
Township.....Kaw
City.....Kansas City, (No. 4224, Campbell)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 2177
St. Ward)

2. FULL NAME Patrick Henry Wynne,

(a) Residence. No. 4224 Campbell St. 6 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8th, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Hardware & Dry Goods
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Edinburg,
(STATE OR COUNTRY) Scotland.

10. NAME OF FATHER John Wynne,

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

12. MAIDEN NAME OF MOTHER Mary McGary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland
(STATE OR COUNTRY)

14. INFORMANT Ellen Wynne,
(Address) 4224 Campbell

15. FILED 7/6 30 M. M. Crowe REGISTRAR
Asst

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4th, 19 30

17. I HEREBY CERTIFY, That I attended deceased from 7-3 (8 p.m.), 1930, to 7-4 (5 a.m.) that I last saw h..... alive on 7-4, 1930, and that death occurred, on the date stated above, at 6:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Myocardial Degeneration
(Coronary Disease)

935
115B (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Coronary Artery
Focal Infection (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

7/5 (Signed) Edmondson, M. D.
7/5, 1930 (Address) 311 Angyle Kansas

*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 Mt. St. Mary's Cemetery DATE OF BURIAL 7/7 1930
20. UNDERTAKER Quirk & Tobin, 20 W. Linwood ADDRESS

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.

