

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

Do not use this space.

40243

JAN 27 1934

1. PLACE OF DEATH
 County Newton Registration District No. 614
 Township Granby Primary Registration District No. 5-8-16
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John Winters
 (a) Residence, No. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>11</u>	<u>5</u>	

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1928 to Dec 5, 1930 that I last saw him alive on Dec 3, 1930, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prostatitis,
137
1373 (duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) urinary (duration) several mos. yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Arvon Winters

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

12. MAIDEN NAME OF MOTHER Alice Starke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Not known

18. WHERE WAS DISEASE CONTRACTED _____ (NOT AT PLACE OF DEATH)
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS DE Rubeus
 (Signed) _____, M. D.
 , 19 _____ (Address) Granby Mo.

14. INFORMANT Mary Ann Winters
 (Address) Granby Mo

15. FILED 12-5-1934 M. F. Palmer REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Granby Ceme. DATE OF BURIAL Dec 7 1930

20. UNDERTAKER Fogues and Co ADDRESS Wheaton

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.

