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.

NOV 24 1931

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

Do not use this space.

34306

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township -Blue- — Primary Registration District No. 3019 — Registered No. 354

City Independence (No. 1132 South Dodgion St. Ward)

2. FULL NAME James M. Wynn.

(a) Residence, No. 1132 S. Dodgion St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary E. Wynn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 - 19 - 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	88	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) about 20 years

11. Total time (years) spent in this occupation about 55 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cardin Indiana

FATHER

13. NAME Solomon Wynn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barn County Kentucky

MOTHER

15. MAIDEN NAME Lucy Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. Mary E. Wynn 1132 S. Dodgion

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Oct. 29, 1931, 19

19. UNDERTAKER (ADDRESS) Stahl Funeral Home 815 W. Maple Ave.

20. FILED Oct. 29, 1931 H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1931, to Oct 27, 1931

I last saw him alive on Oct 27, 1931. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation 92A	
With mitral insufficiency 95B	

Other contributory causes of importance: none

92A

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. H. Allen, M. D.

(Address) Independence Mo