

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

Do not use this space.

8319

1. PLACE OF DEATH  
 County Jackson Registration District No. 600  
 Township Kaw Primary Registration District No. 100  
 City Kansas City No. St. Mary's Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Winchester, John R.  
 (a) Residence, No. 1833 Myrtle St. 12 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. 886  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 11 - 1891</u>		
7. AGE	YEARS	MONTHS
	<u>40</u>	<u>2</u>
		DAYS
		<u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. <u>Chief Clerk Missouri Pacific R. Ware House</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2-53</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>		
FATHER	13. NAME <u>Joseph Winchester</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
MOTHER	15. MAIDEN NAME <u>Magdalene Stratton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
17. INFORMANT <u>Mrs Irene Winchester</u> (ADDRESS) <u>1833 Myrtle Kansas City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calmway Cemetery</u> DATE <u>3 3 1932</u>		
19. UNDERTAKER <u>John J. Sheehan</u> (ADDRESS) <u>Kansas City Missouri</u>		
20. FILED <u>37</u> 19 <u>32</u> <u>M. M. Crowe</u> <u>Registrar</u>		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1932  
 22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1932, to 3-1, 1932.  
 I last saw him alive on 2-29, 1932. Death is said to have occurred on the date stated above, at 7:47 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Embolism  
936  
82B  
95A  
 Other contributory causes of importance:  
Auricular Fibrillation  
Chronic myocarditis  
Emphysema  
 Date of onset 2-25-32  
190-1931  
embolism  
2-18-32

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physician's findings 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? Home  
 (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) J. E. Coates, M. D.  
 (Address) 822 Ogden Ave  
Kansas City, Mo.

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.

