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.

JAN 5 1933

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

Do not use this space.

36965

1. PLACE OF DEATH

96 County St Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033 B — Registered No. 333

City Overland (No. 2326 Wengler St. Ward)

2. FULL NAME John Neal Wynn

(a) Residence, No. 2326 Wengler St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): INFANT

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 15 1932

7. AGE: YEARS — MONTHS — DAYS: 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant
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): 2326 Wengler Overland Mo

FATHER

13. NAME: Herbert Wynn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittensburg Missouri

MOTHER

15. MAIDEN NAME: Irene Mattox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moberley Mo

17. INFORMANT (ADDRESS): Herbert Wynn 2326 Wengler Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fee Fee Cem DATE Nov 30 1932

19. UNDERTAKER (ADDRESS): Baumann Brothers Und Co 2504 Woodson Rd Overland Mo

20. FILED 11/30 1932 Nolla Gray, M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1932, to Nov. 29, 1932

I last saw him alive on Nov. 29, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

	Date of onset
Bronchial Pneumonia	Nov. 25
11A	
107A	

Other contributory causes of importance:

Ta-Grip	Nov. 16

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) Ray A. Walther, M. D.

(Address) 2438 Woodson Rd Overland, Mo.