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.

APR 25 1934

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

Do not use this space.

9877

File No.
Registered No. 32

1. PLACE OF DEATH
County Nodaway
Township
City Maryville (No. , St. Ward)
Registration District No. 625
Primary Registration District No. 2531

2. FULL NAME John Otis Wynn
(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 11-1934

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		6	

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

9. BIRTHPLACE (CITY OR TOWN) Burlington Jct
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Charley Wynn
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Worth Co Mo
12. MAIDEN NAME OF MOTHER Doris Gieskes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Worth Co Mo

14. INFORMANT Charley Wynn
(Address) Burl Jct Mo

15. FILED 3-17 1934 Mamie E Clardy
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 - 1934

17. I HEREBY CERTIFY, That I attended deceased from 3/11, 1934, to 3/17, 1934, that I last saw him alive on 3/17 1934 and that death occurred, on the date stated above, at 2 00 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorhagic Necrosis of the Mesentery
1610
150
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Malnutrition
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) B. F. Byland, M. D.
3/17, 1934 (Address) Burlington Jct Mo

*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	DATE OF BURIAL
Parnell Mo	3-18 1934

20. UNDERTAKER	ADDRESS
Charley Wynn Father	Burl Jct. Mo