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

Do not use this space.

16906

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township ~~KAW~~ Primary Registration District No. 2002
City KANSAS CITY (No. 4933 HIGHLAND St. Ward)
File No.
Registered No. 2275

2. FULL NAME JOSEPH ELLSWORTH WINTER
(a) Residence, No. St., Ward. ASHLAND, KANSAS
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 8 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. MAUDE WINTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-19-1861

7. AGE YEARS 73 MONTHS 2 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) CLAYSVILLE
(STATE OR COUNTRY) PENNSYLVANIA

FATHER
13. NAME DAVID BENJAMIN F. WINTER
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME MARY JANE BRYSON
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)

17. INFORMANT MRS. MAUDE WINTER
(ADDRESS) ASHLAND, KANSAS

18. BURIAL, CREMATION, OR REMOVAL
PLACE ASHLAND, KANSAS DATE MAY-24 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED May 22, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to May 22, 1934
I last saw him alive on May 21, 1934. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
C decompensation +	
passive congestion of lungs	May 18, 34

Other contributory causes of importance
Epithelioma buccal membrane of mouth 1933

Name of operation none except Radium treatment Date of May 1934
What test confirmed diagnosis? none 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) Kip Robinson M. D.
(Address) 928 Professional Bldg.

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.

JUN 19 1934

928 Professional Bldg.
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