

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.

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

Do not use this space.

OCT 17 1934

32796

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kearney Primary Registration District No. 11002  
City Keosauqua (No. St. Josephs Sect. 11002) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas Winburn

(a) Residence, No. Pleasanton, Kans. St. \_\_\_\_\_ Ward. Pleasanton, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 <u>Nellie B. Winburn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6, 1895</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>2</u>
		DAYS
		<u>2</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>Farmer</u>	
	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. <u>25</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Whitewater Mo.</u>		
FATHER	13. NAME <u>Jessie Winburn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Jessie Finell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
17. INFORMANT <u>Mrs. Nellie Winburn</u> (ADDRESS) <u>Pleasanton, Kan.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasanton, Kan.</u> DATE <u>Sept. 8, 1934</u>		
19. UNDERTAKER <u>R. Taylor &amp; Son</u> (ADDRESS) <u>Pleasanton, Kan.</u>		
20. FILED <u>9-8-34</u> <u>M. M. Cerone</u> <u>Asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1934, to 9-8, 1934.  
I last saw him alive on 9-8, 1934. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach Date of onset 1932  
4/10/32

Other contributory causes of importance 46

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Hubert M. Parker M. D.  
(Address) 736 Arroyo, K.C. Mo.

