

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

Do not use this space.

**FEB 20 1936**

2595

**1. PLACE OF DEATH**

County Randolph  
Township.....  
City Moberly

Registration District No. 735  
Primary Registration District No. 3034  
(No. 723, No. Moberly)

File No.....  
Registered No. 238  
St. 1 Ward

**2. FULL NAME**

James Arthur Winscott  
(a) Residence, No. 723 no moberly 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<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>S</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>✓</u>                    |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28<sup>th</sup> 1935</u>                     |                                  |   |
| 7. AGE  | YEARS                            | MONTHS  |
|   |                                  | <u>2</u>  |
|   |                                  | DAYS  |
|   |                                  | <u>42</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. |                                  | 11. Total time (years) spent in this occupation                       |
| 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)                           |                                  |   |

|  |  |
|--|--|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Mo</u>                                    |
| 13. NAME   | <u>Albert Winscott</u>                       |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Mo</u>                                    |
| 15. MAIDEN NAME                                  | <u>Loretta Williams</u>                      |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Mo</u>                                    |
| 17. INFORMANT (ADDRESS)                          | <u>Albert Winscott Moberly Mo.</u>           |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE          | <u>Moberly Mo DATE 1-3<sup>rd</sup> 1936</u> |
| 19. UNDERTAKER (ADDRESS)                         | <u>Mahan and Son Moberly Mo.</u>             |
| 20. FILED  | <u>1/3 1936 Virginia Walker Registrar.</u>   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2<sup>nd</sup> 1936  
22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935 to Jan 2, 1936  
I last saw him alive on Jan 2, 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia  
Hooping Cough  
Other contributory causes of importance:  
none

Name of operation none Date of none  
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?  
If so, specify \_\_\_\_\_  
(Signed) J. H. Matched, M. D.  
(Address) Moberly 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.

1949

The following is a list of the names of the persons who were present at the meeting held on the 15th day of May, 1949, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover  
 Mr. E. A. Tamm  
 Mr. Clegg  
 Mr. Glavin  
 Mr. Ladd  
 Mr. Nichols  
 Mr. Rosen  
 Mr. Tracy  
 Mr. Carson  
 Mr. Egan  
 Mr. Gurnea  
 Mr. Hendon  
 Mr. Pennington  
 Mr. Quinn  
 Mr. Nease  
 Mr. Gandy

The undersigned, J. Edgar Hoover, is the Director of the Federal Bureau of Investigation, United States Department of Justice.

Witness my hand and the seal of the Federal Bureau of Investigation, at Washington, D. C., this 15th day of May, 1949.

J. Edgar Hoover  
 Director