

JUN 25 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

23895

1. PLACE OF DEATH Platte  
 County..... Registration District No. 698  
 Township.....Weston Primary Registration District No. 4420  
 City..... (No. ....) St. .... Ward) .....

2. FULL NAME Leitender Winburn  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>(write the word)</i> <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Sallie Winburn</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 11 1863</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>20</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. <u>Retired</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation..... <input checked="" type="checkbox"/>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
FATHER	13. NAME <u>Temple B. Winburn</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Harriet Vaughn</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT (ADDRESS) <u>Ray Winburn</u> <u>Weston Tex</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Bethel</u> DATE <u>June 2 36</u>				
19. UNDERTAKER (ADDRESS) <u>J. N. Bill</u> <u>Weston Mo</u>				
20. FILED <u>6/10 1936</u> <u>J. N. Bill</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14 - 1935 to June 1 - 1936  
 I last saw him alive on June 1 - 1936 Death is said to have occurred on the date stated above, at 7 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Hypertension - Arterio Sclerosis Date of onset Oct 14 1935

Other contributory causes of importance: Chronic interstitial nephritis

Name of operation None Date of   
 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 Lewis P. Colbert M. D.  
 (Signed) Lewis P. Colbert (Address) Weston, Mo.

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.

