

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

Do not use this space.

250

1. PLACE OF DEATH
 County..... Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City..... St. Joseph, (No. 2422 No. 7th. St.) St. _____ Ward _____

2. FULL NAME..... George Edward Winter
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 52 3 14

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

9. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

10. NAME OF FATHER William W. Winter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Burton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

14. INFORMANT Mrs. R. L. Mallett
 (Address) St. Joseph, Mo.

15. FILED JAN 14 1928 James H. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14, 1928

17. I HEREBY CERTIFY, That I received deceased an Jan 14, 1928, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 6:00 A.M. _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
82 A7 401
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

20. WAS THERE AN AUTOPSY? Received

WHAT TEST CONFIRMED DIAGNOSIS? gross & history
 (Signed) J. W. Magee Coroner, M. D.
Jan 14, 1928 (Address) Kirkpatrick Bldg.

*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
 Mt. Mora Cemetery Jan. 16, 19 28

20. UNDERTAKER ADDRESS
 Walter Meierhoffer 1302 Faraon St.

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.

WITH OUTFADING INK—THIS IS A PERMANENT RECORD

FEB 20 1928

