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

Do not use this space.

17228

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No.

Township — Primary Registration District No. 3023 — Registered No.

City Warrensburg (No. , St. Ward)

2. FULL NAME John Christmas Winters

(a) Residence, No. 201 N. Maguire St., Ward. (If nonresident, give city or town and State)
(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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Grace Winters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25, 1874

7. AGE: YEARS 59 — MONTHS 4 — DAYS 10 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone Mason
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) (STATE OR COUNTRY): Grundy Co. Mo.

FATHER
13. NAME: Nathan T. Winters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Caroline E. Burch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

17. INFORMANT (ADDRESS): Mrs. T. W. Evans, Galt Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE May 8, 1934

19. UNDERTAKER (ADDRESS): W. F. Wilcox Funeral Service, Warrensburg Mo

20. FILED May 8, 1934 Eva Henry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Viewed body as Coroner, 19

I last saw h alive on about noon, 19 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:

Lethal amount of alcohol 75 B

Date of onset

Other contributory causes of importance: None known

Name of operation none — Date of alcohol bottles empty

What test confirmed diagnosis? — 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. Died at home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm R Patterson, M.D.

(Address) Coroner Johnson Co Warrensburg 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.

JUN 22 1934

V. S. NO. 2
100M-11-24-33