

MARGIN RESERVED FOR BINDING

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.

PLACE OF DEATH

County Grayson
City Denison Texas
(No. 1108 W Shepherd St.; Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 64

FULL NAME Richard P. Winn 9421

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word.)

DATE OF BIRTH 10 27 1877
(Month) (Day) (Year)

Age 38 yrs. 7 mos. 20 ds.

OCCUPATION (a) Trade, profession, or particular kind of work car repairer
(b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) ala.

NAME OF FATHER C. Q. Winn

BIRTHPLACE OF FATHER (State or country) ala.

MAIDEN NAME OF MOTHER Crease Roach

BIRTHPLACE OF MOTHER (State or country) ala.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas Campbell
(Address)

Filed 191..... REGISTRAR

MEDICAL PARTICULARS

DATE OF DEATH 4 13 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 4/13 1916 to 4/13/16 1916
that I last saw h alive on 4/13/16 1916
and that death occurred on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:
Caught between coupler
of two cars - lived only
a few hours
Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) W. M. Shields & J. J. King, M. D.
191..... (Address) Denison Tex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs mos ds In the State yrs mos ds.
Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Grand Saline Texas DATE OF BURIAL 4-15 1916

UNDERTAKER Geo Shields ADDRESS Denison Tex