24 1928

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

Do not use this space.

8323

1. PLACE OF DEATH
County Cooper
Township
City Boonville Mo (No. ..... St. ..... Ward)
Registration District No. 218
Primary Registration District No. 3015
File No.
Registered No. 23

2. FULL NAME Corinne Weinhold
(a) Residence. No. 1203 S 6th 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓ ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21-1907
7. AGE YEARS 21 MONTHS 2 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Boonville Mo
(STATE OR COUNTRY) Cooper County

PARENTS
10. NAME OF FATHER Ben. Weinhold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cooper Co.
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Berndine Bonen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Ben. Weinhold
(Address) 1203 S. 6th St. Boonville

15. FILED 3-22-1928 H. L. Smiley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1928
17. I HEREBY CERTIFY, That I attended deceased from July, 1928, to March 21, 1928 that I last saw her alive on March 21, 1928, and that death occurred, on the date stated above, at 7 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis pulmon.
23A
31
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Alex Van Ravenswaay, M.D.
3.22, 1928 (Address) Boonville. Mo

*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 St Peter & Paul
DATE OF BURIAL Mch 23 1928
20. UNDERTAKER Schwitzky - Meister
ADDRESS Boonville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

27 ft. 14-16 [illegible]

35 B. Roof nails

1 B tin Shingles