

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

Do not use this space.

15944

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File No.
Registered No. 22
St. Ward)

1. PLACE OF DEATH
County Johnson Registration District No. 896
Township Grant Primary Registration District No. 6199
City..... (No.) St. Ward)

2. FULL NAME John A. Wingo
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Wingo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 | 3 | 3 |

8. OCCUPATION OF DECEASED 131 Farmer 95th
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT John Wingo
(Address) Northview Mo

15. FILED 5/11/28 J.P. Bruce
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 30 1925

17. I HEREBY CERTIFY That I attended deceased from Apr 28, 1925 to Apr 30, 1925 that I last saw him alive on Apr 30, 1925, and that death occurred, on the date stated above, at 2-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Arresture
(duration) yrs. mos. ds.

CONTRIBUTORY Cholera
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129A
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) R.H. Jochit, M. D.
5/1, 1928 (Address) Shofford 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 Mr. Piggott DATE OF BURIAL May 1 1925

20. UNDERTAKER J.P. Bruce ADDRESS Marshallfield

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.

JUL 10 1928

