EP 27 1928

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

Do not use this space.

28118

1. PLACE OF DEATH

County: Perry — Registration District No. 659 — File No. 38

Township: Cinque Home — Primary Registration District No. 5876 — Registered No. 38

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME August Weinkein

(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: Mary Weinkein

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 8 - 1872

7. AGE: Years 56 — Months 5 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farming
(c) Name of employer: None

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo

PARENTS
10. NAME OF FATHER: John Weinkein
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo
12. MAIDEN NAME OF MOTHER: Catherina Ponder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo

14. INFORMANT: Mrs. Mary Weinkein
(Address): Perryville Mo Route 1

15. FILED 8/25 1928 Martin Moeckel, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 23 1928

17. I HEREBY CERTIFY, That I attended deceased from July 30th, 1928, to Aug 23 - 1928, that I last saw him alive on Aug 23, 1928, and that death occurred, on the date stated above, at One 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Yellow Atrophy of Liver

125 F. (duration) ..... yrs. ..... mos. ..... ds.

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

120

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at Place of Death
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Draynosis
(Signed) Dr. Harry J. Knapp, M.D.
, 19 (Address) Perryville 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: Highland Cemetery — DATE OF BURIAL: 8-25 1928

20. UNDERTAKER: Goellner & Young — ADDRESS: Perryville Mo.

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.