

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

Do not use this space.

7378

MAR 25 1929

1. PLACE OF DEATH

County new Madrid

Registration District No. 605-

Township Central

Primary Registration District No. 4359

City Panna (No.)

File No.

Registered No.

St. Ward

2. FULL NAME Arthur Lloyd Wineigner

(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)

single

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

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

7. AGE

YEARS 1

MONTHS 1

DAYS ✓

If LESS than 1 day, .. hrs. or .. min.

8. OCCUPATION OF DECEASED

(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) Risco Mo

(STATE OR COUNTRY)

10. NAME OF FATHER Evert Wineinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arkansas

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Betty Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee

(STATE OR COUNTRY)

14.

INFORMANT Evert Wineinger

(Address) Risco Mo

15.

FILED Feb. 12, 1929 Mrs. S. Blackman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1929

17. I HEREBY CERTIFY That I attended deceased from Feb. 12 1929 to Feb. 12 1929 that I last saw him alive on Feb. 12 1929 and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth, Born at 7¹/₂ month of a mother with influenza

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Graydon Carleton # D.O.

, 19 (Address) Malden 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

Clarkton Mo

DATE OF BURIAL

Feb 13 1929

20. UNDERTAKER

None

ADDRESS

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.

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