

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.

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

Do not use this space.

13826

1. PLACE OF DEATH

County BollingerRegistration District No. 67

File No.

Township BrumbyPrimary Registration District No. 1702CRegistered No. 25City Rolling (No.) St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward. (If nonresident give city or town and State)

(Usual place of abode)
Length of residence in city or town where death occurred 75 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 Sarah F. Neuffman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(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) Ind

10. NAME OF FATHER

Daniel Winter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pa

12. MAIDEN NAME OF MOTHER

Pingel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind

14.

INFORMANT John F. Winter
(Address) Cape Girardeau, Mo

15.

FILED 4-30-29 6A. Sander
19. 29 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-30-192917. 3-1 I HEREBY CERTIFY, That I attended deceased from 1929 to 4-30-1929that I last saw him alive on 4-25-1929, and that death occurred, on the date stated above, at 4-30-1929 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prosthetic128135(duration) 6 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? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) 6A. Sander, M. D.4-30, 1929 (Address) Marble Hill, 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

DATE OF BURIAL

Kahns Chapel 5-2 1929

20. UNDERTAKER

ADDRESS

Alvin Anger 2100 1/2 St. Mo

