

MAR 25 1931

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

Do not use this space.

6277

1. PLACE OF DEATH

 County Macon
 Township Liberty
 City (No.)

 Registration District No. 533
 Primary Registration District No. 3715-

 File No.
 Registered No. 15- St. Ward)

2. FULL NAME

 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 3

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).
 (c) Name of employer

 9. BIRTHPLACE (CITY OR TOWN) Macon Co Mo
 (STATE OR COUNTRY)
10. NAME OF FATHER Lewis Winkler
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Cross
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

 14. INFORMANT Mrs Wm M Winkler
 (Address) Bevan, Mrs J R

 15. FILED 3/31 1931 Mrs Luke Winkler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1931
 17. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1931, to Feb 27, 1931, that I last saw her alive on Feb 26, 1931, and that death occurred, on the date stated above, at 11/159 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Louis Peritonitis
12 2/3 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Artificial Obstruction
Organic Nerve (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) A R Camber M. D.

Mar 1 1931 (Address) Atlanta 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 Emory Cemetery DATE OF BURIAL Mar 1 1931

 20. UNDERTAKER Albert Skinner ADDRESS Macon

K. 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.

WHITE PEANUT WITH ON-PAKING

