

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

Do not use this space.

12939

1. PLACE OF DEATH

County Winnon
Township _____
City Winnon (No. 4)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 76
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

E. H. Hour

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♂ 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DI. 1850

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Painter 69
(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) Pa ?

10. NAME OF FATHER Abdel Honor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown ?

12. MAIDEN NAME OF MOTHER Mildred Shellen

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

14. INFORMANT State Hosp Record (Address) Winnon, Minn

15. FILED 3-20-31 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1930 to Mar 3, 1931 that I last saw him alive on Mar 3, 1931, and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93c
09
Arteriosclerosis
(duration) _____ yrs. 8+ mos. _____ ds.
CONTRIBUTORY Chr. myocarditis
(SECONDARY) (duration) _____ yrs. 8+ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E. H. Loan M. D.
3-3-31 (Address) Winnon, Minn

*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 State Hospital No 3 DATE OF BURIAL March 4 1931

20. UNDERTAKER Clyde A Neely ADDRESS Winnon, Minn

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.

APR 27 1931

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

