

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

Do not use this space.

19105
207

1. PLACE OF DEATH

County St. Francois

Township 11 11

City Esther

Registration District No. 774

Primary Registration District No. 6018B

File No. 207

Registered No. _____

2. FULL NAME

Mildred Cathryn Winger

(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 3 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>10</u>	<u>18</u>	<u>3</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Farmington
(STATE OR COUNTRY) _____

13. NAME William Lee Bess,
14. BIRTHPLACE (CITY OR TOWN) Marquand, Mo.
(STATE OR COUNTRY) _____

15. MAIDEN NAME Martha McManus,
16. BIRTHPLACE (CITY OR TOWN) Sparta, Ill.
(STATE OR COUNTRY) _____

17. INFORMANT Mrs. W. L. Bess,
(ADDRESS) Esther, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkview DATE 5-26- 1931

19. UNDERTAKER (ADDRESS) _____

20. FILED May 31 1931 W. J. Bryder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1931 to May 24, 1931

I last saw her alive on May 24, 1931 Death is said to have occurred on the date stated above, at 5:30 p.

The principal cause of death and related causes of importance were as follows:

Peritonitis following child-birth. Date of onset 5/21/31

Other contributory causes of importance: Prolonged & difficult labor. 5/16/31

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) E. E. Rohlsch, M. D.
(Address) Flat River, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A STATE-MAINTAINED RECORD. 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.

JUN 29 1931

