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.

NOV 23 1931

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

Do not use this space.

33587

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No.
Township — Primary Registration District No. 3006 — Registered No. 216
City Columbia (No. , St. Ward)

2. FULL NAME George Wingo
(a) Residence, No. Barkwells Addition St., Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-1-1877

7. AGE: YEARS 54 — MONTHS — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: teamster
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) (STATE OR COUNTRY): Boone County Missouri

FATHER
13. NAME: Orange Wingo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri

MOTHER
15. MAIDEN NAME: Eliza Davenport
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri

17. INFORMANT (ADDRESS): Ernest Wingo Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hinton Mo. DATE 10-19th 1931

19. UNDERTAKER (ADDRESS): Stuart Parker Columbia, Mo.

20. FILED 10/19/1931 F. C. Suggett by Allen Sell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-17th, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Oct 17, 1931
I last saw him alive on Oct 15, 1931. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Organic Heart Disease

Date of onset

95B

Other contributory causes of importance:

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) O. A. Moore, M. D.
(Address) 715 E. Broadway Columbia Mo.