

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.

1. PLACE OF DEATH

County Vernon
Township Washington
City Winona (No. _____)

Registration District No. 875
Primary Registration District No. 6162

39940

File No. _____
Registered No. 253
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. County Infirmary Newton Co for 6 yrs prior to admission here
(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. ind 130

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 46 < —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Unknown
(b) General nature of industry, business, or establishment in which employed (or employer). ?
(c) Name of employer ?

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown?
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT County Clerk Newton Co
(Address) Winona Mo.

15. FILED 11-12-1931 E. B. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1931, to Nov. 1, 1931, that I last saw him live on Nov. 1, 1931, and that death occurred, on the date stated above, at 11:05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
930
(duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Broncho Pneumonia
(duration) 10 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 findings
(Signed) L. L. Coyle M. D.
, 19 (Address) Winona 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 State Hospital Cemetery No. 3rd 1931
20. UNDERTAKER Marcel Bechinger Winona Mo
ADDRESS

County Clerk.
Housh. Mo