

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

Do not use this space.

43252

1. PLACE OF DEATH

County Wright
Township Wray
City West Grove (No. _____)

Registration District No. 908
Primary Registration District No. 6220

File No. _____
Registered No. 55
St. _____ Ward _____

2. FULL NAME

Elbert Crown Wijnick
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Wijnick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 39 7 7

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

13. NAME Henry Nathaniel Wijnick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Rachel Ellen Street

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT E. P. Wijnick
(ADDRESS) West Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Critchfield DATE 12-21-1931

19. UNDERTAKER Buller Funeral Home
(ADDRESS) West Grove Mo

20. FILED 12/30 1931 J. W. Hubbard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Dec 20, 1931

I last saw him alive on Dec 20, 1931. Death is said to have occurred on the date stated above, at 4:15 P. m.

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

Stomach Poisoning from diet
12/18/31
Other contributory causes of importance: _____

Date of onset Dec 20

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? N

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? No

If so, specify _____

(Signed) J. W. Worthy, D.O. M.D.

(Address) Patton Grove, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V.S. No. 2.

MARG. RESERVED FOR BINDING

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.

1932

