

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

Do not use this space.

25514

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 2 Township Poplar Bluff Primary Registration District No. 3007
 1 City Poplar Bluff St. _____ Ward) _____
 2. FULL NAME Otto Fletcher Wineinger
 (a) Residence, No. _____ St., _____ Ward. Risco mo
 (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.

File No. _____
 Registered No. 129

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 24 - 1926</u>		
7. AGE	YEARS <u>6</u>	MONTHS <u>7</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>Risco mo</u>		
MOTHER	13. NAME <u>Archie Wineinger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wheeler Ark</u>	
	15. MAIDEN NAME <u>Hazel Weiss</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison mo</u>	
	17. INFORMANT <u>Archie Wineinger</u> (ADDRESS) <u>Risco mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>maclaren</u> DATE <u>8/3</u> 19 <u>32</u>	
19. UNDERTAKER <u>Beverly Funeral Home</u> (ADDRESS) <u>Poplar Bluff mo</u>		
20. FILED <u>Aug 3</u> 19 <u>32</u> <u>O. J. Cline</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:40 P.M.

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

<u>Drowning</u>	Date of onset
<u>Accidental while</u>	
<u>in wading</u>	
<u>183</u>	<u>16</u>
<u>183</u>	

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? accident Date of injury 8/2, 1932
 Where did injury occur? Poplar Bluff mo (Specify city, 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) Flavel Egel Croner M. D.
 (Address) Poplar Bluff mo.

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

SEP 21 1932

