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

Do not use this space.

6478

File No.

Registered No. 58

1. PLACE OF DEATH

County Macon Registration District No. 547

Township Macon Primary Registration District No. 3079

City Hamilton (No. 621 Bridge St. 1 Ward)

2. FULL NAME Mary Winkler

(a) Residence, No. 621 Bridge St., 1 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: George Winkler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 16, 1865

7. AGE — YEARS: 68 MONTHS: 5 DAYS: 28 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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

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): Kentucky

FATHER

13. NAME: William Ingram

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Mary Loppe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. Ella Brandt Hamilton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Olivet Cemetery 2-16-33

19. UNDERTAKER (ADDRESS): James A Donnell Hamilton Mo

20. FILED Feb 16 1933 E Cauvel Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933, to Feb 12, 1933

I last saw h[illegible] alive on 2-12, 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 2-4-33 |
| DTA 1079 | |

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) T C Nolley, M. D.

(Address) Hamilton Mo

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.

N. B.—Every it