

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

Do not use this space.

8784

1. PLACE OF DEATH
 County Carter Registration District No. 143
 Township Carter Primary Registration District No. 5205
 City Van Buren (No. _____, _____ St. _____ Ward _____)

File No. _____
 Registered No. _____

2. FULL NAME Winfred M. Protsman
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-28-1906
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 5 25

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Truck Driver
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanist
 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) Bison, Okla

13. NAME S.W. Protsman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Downing Mo.

15. MAIDEN NAME Behnke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winona Ill.

17. INFORMANT S.W. Protsman
 (ADDRESS) Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Van Buren, Mo. DATE March 15, 1933

19. UNDERTAKER W.C. Croy
 (ADDRESS) Van Buren, Mo.

20. FILED Mich. 14, 1933 A.W. Cotton Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932 to March 13th, 1933
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Pulm. Tuberculosis, Date of onset _____

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? no
 If so, specify _____
 (Signed) T. W. Cotton, M. D.
 (Address) Van Buren, 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.

APR 24 1933

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