

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

Do not use this space.

28501

1. PLACE OF DEATH

County Scotland
Township Miller
City (No. _____) _____

Registration District No. 810
Primary Registration District No. 6063

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME

Maxine Leonora Wineinger

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 24 - 1920</u>		
7. AGE YEARS <u>13</u>	MONTHS <u>5</u>	DAYS <u>19</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>School girl</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

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

PARENTS	10. NAME OF FATHER <u>Chester Wineinger</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Memphis</u> (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Josephine Stater</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Iowa</u> (STATE OR COUNTRY) _____

14. INFORMANT Ed Stater
(Address) Downing, Mo.

15. FILED 9-13-33 E. C. Carson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 13 1933 to Aug 13 1933 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Getting Throwned from
back of Fracturing Skull
Wood dent
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 2111
(duration) _____ 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?
(Signed) H. E. Gerwig, M. D.
, 19____ (Address) Downing 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 Downing Cemetery DATE OF BURIAL Aug 16 1933
ADDRESS Downing Mo.

20. UNDERTAKER Roberts + Moore

