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

Do not use this space.

1. PLACE OF DEATH

36 County FRANKLIN — Registration District No. 292 — File No. 32698

Township BOEHF — Primary Registration District No. 5410 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME HERMANN WILDING

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 16 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 DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 3 - 1861

7. AGE: YEARS 71 — MONTHS 11 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) 1932
11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger

FATHER

13. NAME EEELIAN WILDING.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME NEE WINDORF.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) OLEVIA WILDING. BERGER MO

18. BURIAL, CREMATION, OR REMOVAL PLACE BERGER MO DATE Oct 23 1933

19. UNDERTAKER (ADDRESS) HERMAN BLUMER BERGER, MO

20. FILED Oct 20 1933 Jeffie A. Grunemann, Registrar.

MEDICAL CERTIFICATE OF DEATH

6 30 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1933, to Oct. 19, 1933.
I last saw him alive on Oct. 15, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Nephritis, (Chronic) — Date of onset

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Other contributory causes of importance:

Name of operation None — Date of .....
What test confirmed diagnosis? Urinalysis — Was there an autopsy? No.

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) W. T. Daughtrey, M. D.
(Address) Berger, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 16 1933

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URINALISYS