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

Do not use this space.

32721

File No.

Registered No. 23

1. PLACE OF DEATH

County Gasconade Registration District No. 303

Township Roark Primary Registration District No. 5420

City (No. , St. Ward)

2. FULL NAME William Christian Woerner

(a) Residence, No. St., Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

NOV 10 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Adeline Woerner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-14-1879

7. AGE — YEARS: 54 | MONTHS: 2 | DAYS: 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): 10/1.33

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hermann Mo

FATHER

13. NAME: Christian Woerner

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

MOTHER

15. MAIDEN NAME: Caroline Sholand

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

17. INFORMANT (ADDRESS): Mrs. Wm Woerner Hermann Mo R3

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Hermann City Cem. DATE: 10/21 1933

19. UNDERTAKER (ADDRESS): Hugo Blumer Hermann Mo

20. FILED 10-19 1933 Anna K. Rickhoff Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933, to Oct 17, 1933

I last saw h[im] alive on Oct 17, 1933. Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Chronic Nephritis	Aug 24 1933.
(3) (2) (1)	

Other contributory causes of importance: Hypertension and incompetent heart

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) H. J. Rickhoff, M. D.

(Address) Hermann Mo.