

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

Do not use this space.

36044

**1. PLACE OF DEATH**

26 County Cole Registration District No. 213  
Township \_\_\_\_\_ Primary Registration District No. 5293  
City Wardsville, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 263  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Johanna M. Winkelmann

(a) Residence, No. Wardsville, Mo. 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 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 Herman Winkelmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 0 28

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia, Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Al Markway  
(ADDRESS) Wardsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wardsville, Mo. DATE Dec. 1, 1933

19. UNDERTAKER Heinrichs Funeral Home  
(ADDRESS) Jefferson City, Mo.

20. FILED 12/6/33 1933 (V. B. Bradford)  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26<sup>th</sup>, 1933 to Nov. 27<sup>th</sup>, 1933

I last saw her alive on Nov. 27<sup>th</sup>, 1933 Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Intestinal Obstruction Date of onset

1204  
1205

Other contributory causes of importance:  
Result of ventral hernia

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Thyroid 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) (Signature), M. D.  
(Address) Jefferson City, 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.

JAN 8 1934

OCCUPATION  
FATHER  
MOTHER

31  
31

WHITE PLAINLY, WITH CURVED MARKS THIS IS A PERMANENT RECORD

