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

Do not use this space.

19915

File No. 88

Registered No.

1. PLACE OF DEATH
County Cooper
Township Blackwater
City (No. , St. Ward)

Registration District No. 248
Primary Registration District No. 4131

2. FULL NAME William Christian Werner
(a) Residence, No. 1241 Summer 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.

JUL 13 1934

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10-1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21	4	20.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store
10. Date deceased last worked at this occupation (month and year) 6/29/34
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kan.

FATHER
13. NAME Paul Werner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Pauline Yrager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Paul Werner Kansas City Kan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Kan DATE July 3 1934

19. UNDERTAKER (ADDRESS) Goodman-H Butler Boonville Mo

20. FILED 6/30 1934 R W Bosworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30 1934 to June 30 1934
I last saw him alive on June 30 1934. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck.	
2/10 M	

Other contributory causes of importance:
Auto. accident

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? County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Highway #40
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr R L Anderson M. D.
(Address) Boonville Mo
Coroner of Cooper County

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Cooper — Registration District No. 217 — File No.
Township — Primary Registration District No. 4131 — Registered No.
City Blackwater — St. — Ward)

2. FULL NAME Wm Christian Werner

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1913

7. AGE YEARS 21 MONTHS 4 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drugstore
10. Date deceased last worked at this occupation (month and year) 6/29/34
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kans

FATHER
13. NAME Paul Werner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Pauline Wager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Paul Werner Kansas City Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Kans DATE July 3, 1934

19. UNDERTAKER (ADDRESS) Goodman & Baller Boonville Mo

20. FILED 8-24, 1934 W. L. Abney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to June 30, 1934
I last saw him alive on June 30, 1934 Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck	
	201

Other contributory causes of importance:
auto accident
Collision with
Passenger bus

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?
If so, specify
(Signed) Dr. R. L. Anderson, M. D.
(Address) Boonville Mo
Coroner Cooper County

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESC...

S-19915