

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.

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

Do not use this space.

SEP 20 1934

29291

1. PLACE OF DEATH

County Jackson Registration District No. 100 File No. 29291
Township Wesley Primary Registration District No. 13 Registered No. 3708
City Wesley (No. 13) General Hosp St. Ward

2. FULL NAME

Mable Winegardner
(a) Residence, No. 1112 Jackson St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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 Harry P. Winegardner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1899
7. AGE YEARS 35 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Wesley

MOTHER FATHER
13. NAME Christian Voss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Fannie Siewers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Reginald Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 8-10-34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster

20. FILED 8-9-34 M. M. Boyd Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9-34
22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1934 to 8-9, 1934
I last saw her alive on 8-9, 1934 Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:

Heat Stroke Date of onset 191
13, 1911
Other contributory causes of importance: Post operative ovarian cyst

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? 8-6-34

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) P. J. DeMama M. D.
(Address) Asst Supt K C Gen Hosp

