

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.

OCT 5 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County MoniteauRegistration District No. 1095'File No. 33475

Township

Primary Registration District No. 4336

Registered No.

City Clarksburg

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Willie Etta Winebrenner

(a) Residence, No. \_\_\_\_\_

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 OFSamuel Winebrenner

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 21, 1859

## 7. AGE

YEARS

74

MONTHS

9

DAYS

21If LESS than 1  
day, ..... hrs.  
or ..... min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.At Home9. 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) July, 193411. Total time (years)  
spent in this  
occupation life

## 12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## FATHER

## 13. NAME

William Nelson

## 14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## MOTHER

## 15. MAIDEN NAME

Margaret ##### Grafsi

## 16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 17. INFORMANT

G. W. Nelson

(ADDRESS)

St Louis, Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Clarksburg,DATE 9/14/34

19.

## 19. UNDERTAKER

(ADDRESS)

Jessie E. Richards  
System

## 20. FILED

9/14, 19.34J. M. Martin  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9/12/ 1934

## 22. I HEREBY CERTIFY, That I attended deceased from

7-22 1934 to 9-12 1934I last saw him alive on 9-11 1934 Death is saidto have occurred on the date stated above, at 8:45 P. m.

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

Carcinoma Liver

Date of onset

Other contributory causes of importance

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) L. M. Gray

M. D.

(Address) California Mo

