

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

Do not use this space.

36917

1. PLACE OF DEATH

County Pettis
Township Elkfork
City Elkfork (No. 1)

Registration District No. 664
Primary Registration District No. 5883

File No. 22
Registered No. 22
St. 22 Ward 22

2. FULL NAME

(a) Residence, No. Pettis Co Since 1858 Ward. 22
(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 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 Mrs Mary Wimen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1837
7. AGE YEARS 97 MONTHS 5 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Highland Co Virginia

13. NAME Henny Wimen Sn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Co Va

15. MAIDEN NAME Susan Judy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Co Va

17. INFORMANT (ADDRESS) Mrs Mary Wimen

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge DATE Oct 7, 1934

19. UNDERTAKER (ADDRESS) L. L. Ream Green Ridge

20. FILED Oct 8th 1934 W. R. Shelley Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934 to Oct 5, 1934
I last saw him alive on Oct 5, 1934 Death is said to have occurred on the date stated above, at 7 P. M.
The principal cause of death and related causes of importance were as follows:
1113
Edema - Bronch Lung
Date of onset 10/4/34

Other contributory causes of importance:
Age

Name of operation Visual Date of 10/5/34
What test confirmed diagnosis? Visual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 Visual
Nature of injury Visual

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) H. E. Walker M. D.
(Address) La Monte Mo

