

APR 22 1935

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

Do not use this space.

9806

1. PLACE OF DEATH

 County Madison Registration District No. 538 File No. _____
 Township _____ Primary Registration District No. 3028 Registered No. 90
 City Fredericktown, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Genevieve Edith Wornack Wernicker
 (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 <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Alois Wernicker</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28-1911</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>14</u> | <u>11</u> | <u>16</u> | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/> | | | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | | 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co. Mo.</u> | | | | |
| MOTHER | 13. NAME <u>Nicholas Wornack</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wornack Mo.</u> | | | |
| | 15. MAIDEN NAME <u>Edna Hudson</u> | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co. Mo.</u> | | | | |
| 17. INFORMANT <u>Nicholas Wornack</u> (ADDRESS) <u>Fredericktown Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White Water Cemetery</u> DATE <u>March 17 1935</u> | | | | |
| 19. UNDERTAKER <u>Ed. H. Webb</u> (ADDRESS) <u>Fredericktown Mo.</u> | | | | |
| 20. FILED <u>March 16 1935</u> <u>S. C. S. Langhals</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18 - 1935 to Mar 14 - 1935
 I last saw her alive on 9/4 before at death Death is said to have occurred on the date stated above, at 5:06 P.M.
 The principal cause of death and related causes of importance were as follows:
Double Branch Pneumonia Date of onset 2/5/35
1070
 Other contributory causes of importance: _____

Name of operation none 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? no
 If so, specify _____
 (Signed) M. D. Barber, M. D.
 (Address) Fredericktown, 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.

P. E. A. Schwaner

