

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.

NOV 26 1935

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

Do not use this space.

33607

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township Pnamic Primary Registration District No. 5890
 City (No. _____) St. _____ Ward _____

2. FULL NAME Eagan Paul Wimen.
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED child (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1935

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) 7 miles West Lebanon Mo.

FATHER
 13. NAME John Wimen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Brun, Bridg. 5 mi. Pettis Co. Mo.

MOTHER
 15. MAIDEN NAME Roseana Ruth Weather
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. E. La. Mo. Mo.

17. INFORMANT (ADDRESS) Jabara Wimen

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)
 20. FILED Oct 9 1935 Frank Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1935 to Oct 8, 1935
 I last saw him alive on Oct 4, 1935 Death is said to have occurred on the date stated above, at 2 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia with toxic infection
Heart failure
 Date of onset, Sept 29, 1935

1198

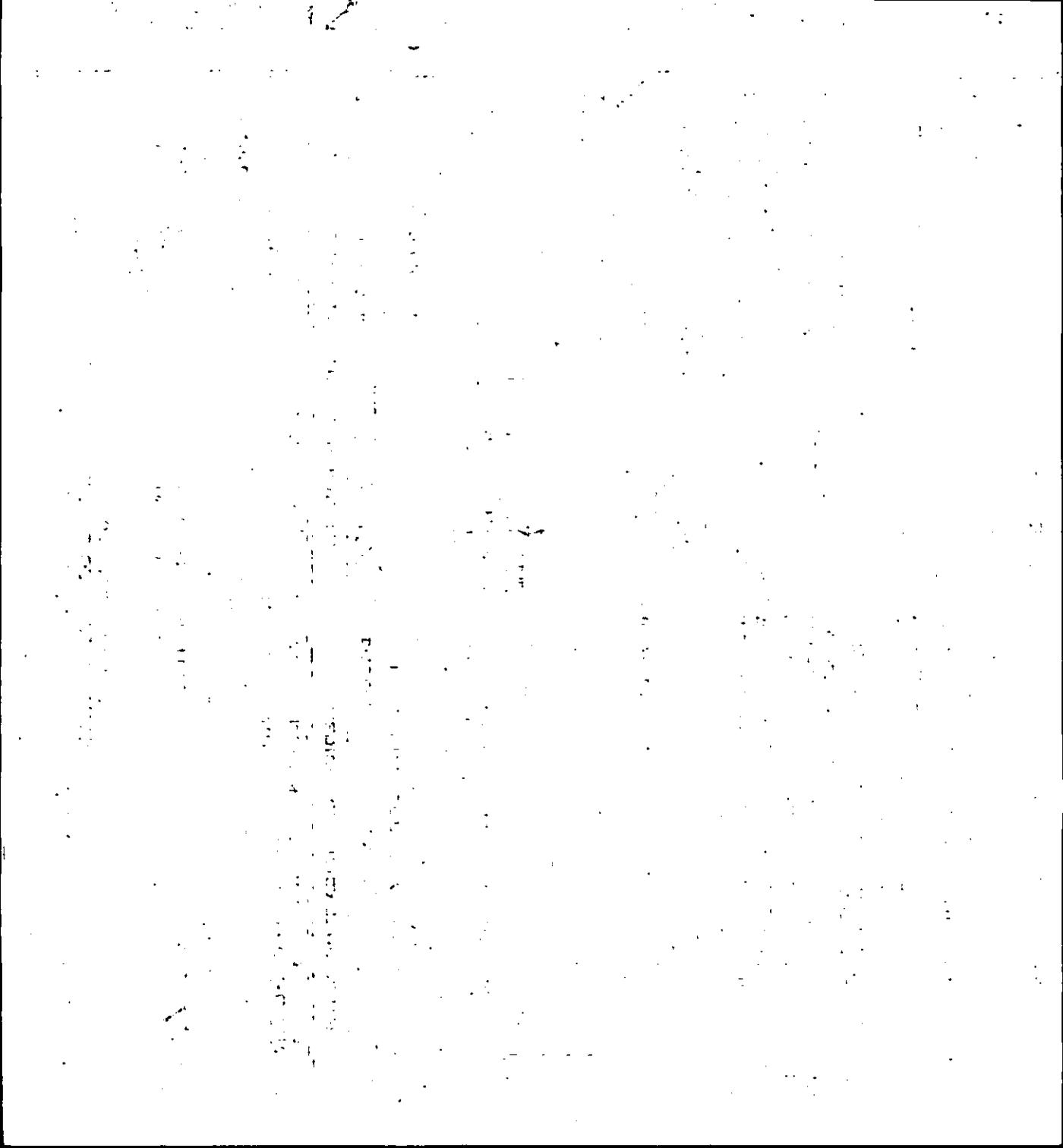
Other contributory causes of importance:
none

Name of operation none Date of none
 What test confirmed diagnosis Chole Was there an autopsy? no

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) Chas. A. Wimmer, M. D.
 (Address) Seaside Mo.



Have written John Winson
and will send in formation
on 25. 1881/9