

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

Township Pranic

City (No. )

Registration District No. 668

Primary Registration District No. 5890

File No. \_\_\_\_\_

Registered No. 382

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

2. FULL NAME

Ebgar Paul Wimen.

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

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.  
1 12

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.

13. NAME John Wimen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Brunswick, 5 mi. West of Co. Mo.

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 6:30 a.m.

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

Premature birth trans. placenta acute Sept 29, 1935

119 lbs

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Chloro Was there an autopsy? u

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 \_\_\_\_\_

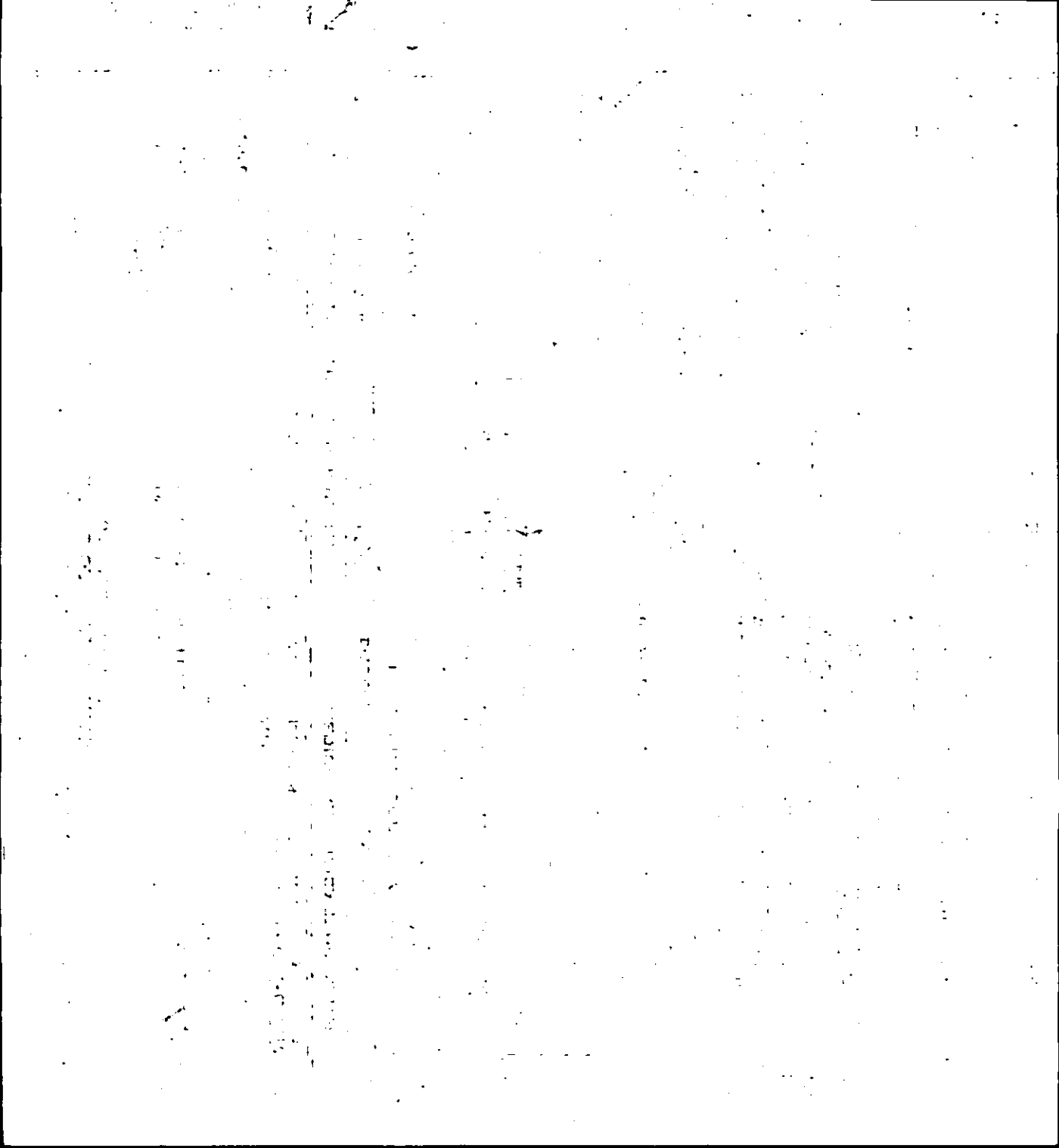
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? u

If so, specify \_\_\_\_\_

(Signed) Chas. Wimen M. D.

(Address) Seaside Mo



Have written John Winson  
and will send in formation  
for Dec. 1881/9