FEB 20 1936

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

Do not use this space.

File No. 2598

Registered No. 225

1. PLACE OF DEATH

County: Randolph — Registration District No. 735

Township: Sugar Creek — Primary Registration District No. 3034

City: Moberly (No. ..... St. ..... Ward)

2. FULL NAME Jennie Edith Wienke

(a) Residence No. 1015 E. Coppedge 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Earl Wienke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 - 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	10	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Davis County
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER J. N. Haines

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Davis Co. Iowa

12. MAIDEN NAME OF MOTHER Effie Quigley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Oregon

14. INFORMANT Earl Wienke, Jr.
(Address) 1015 E. Coppedge St Moberly Mo

15. FILED 1-3, 1936 Virgina Walker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3. 1936

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1935, to Jan 3, 1936, that I last saw h. alive on Jan 2, 1936, and that death occurred, on the date stated above, at 3:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Influenza

..... (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Sign & Symp.

(Signed) C. C. Smith, M. D.

, 19 (Address) Moberly, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. ~~PLACE OF BURIAL, CREMATION~~, OR REMOVAL	DATE OF ~~BURIAL~~
Bloomfield, Iowa	Jan 3 1936
20. UNDERTAKER	**ADDRESS**
C. C. Wagler 3554	Bloomfield Iowa

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Reed v. Ft
Keith 28.