

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FEB 23 1936

4258

1. PLACE OF DEATH

County Jayes Registration District No. 863  
Township Jayes Primary Registration District No. 6137  
City Jayes (No.     ) St.      Ward     

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-27-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

OCCUPATION 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) Jayes, Mo.

FATHER 13. NAME Wm. Winkler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Winkler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Wm. Winkler

18. BURIAL, CREMATION, OR REMOVAL PLACE      DATE 2-2

19. UNDERTAKER (ADDRESS) Charley Seader

20. FILED 2-1 1936 Wm. Winkler Registrar

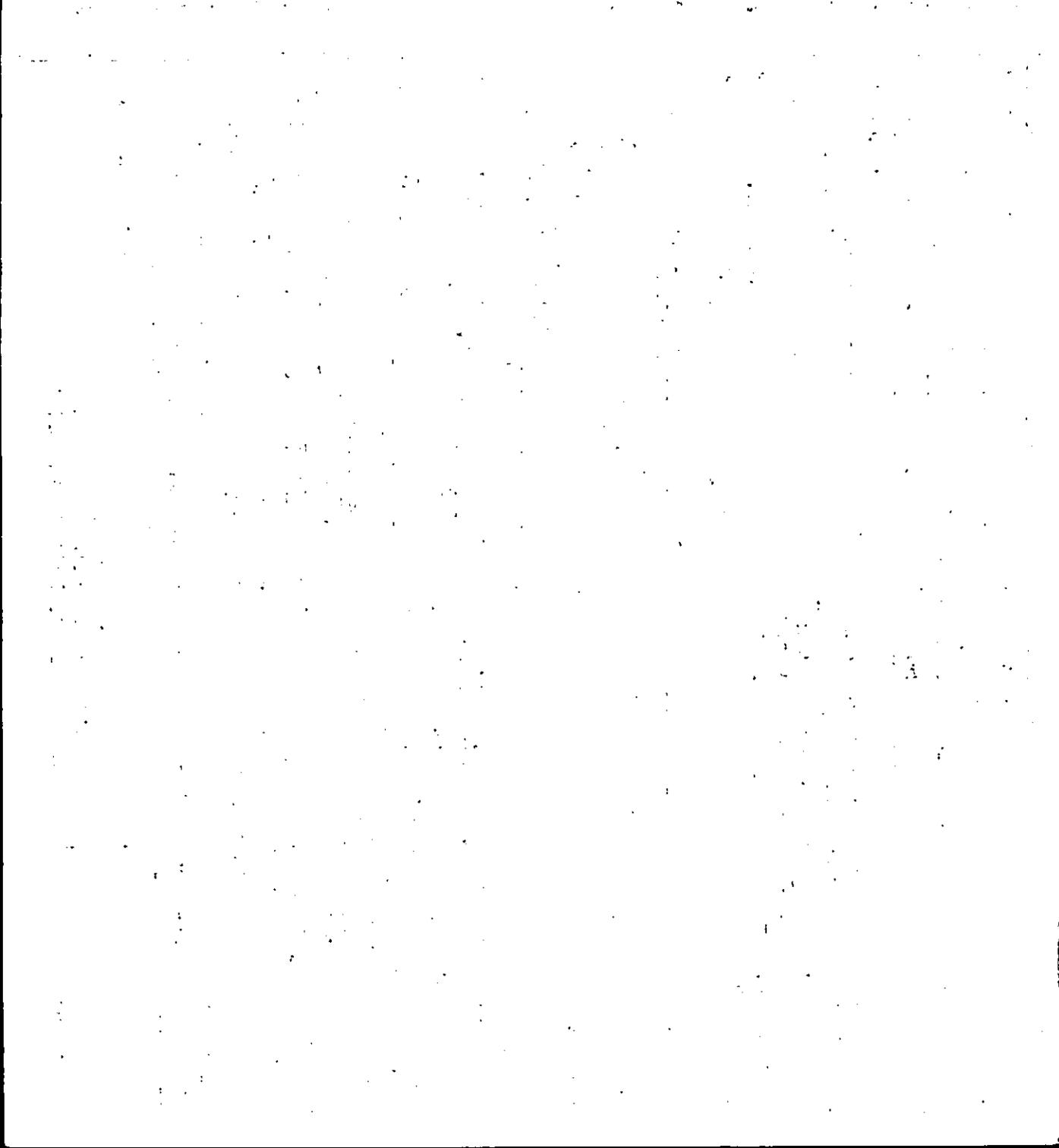
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-36 1936

22. I HEREBY CERTIFY, That I attended deceased from died without medical attendance  
I last saw him at home, 1936. Death is said to have occurred on the date stated above, at      m.  
The principal cause of death and related causes of importance were as follows:  
Found dead

Other contributory causes of importance       
Name of operation      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?       
If so, specify       
(Signed) Wm. Winkler, M. D.  
(Address) Jayes, Mo.



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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Texas

Registration District No. 863

File No. ....

Township Piney

Primary Registration District No. 6137

Registered No. ....

City (No. ....) St. .... Ward)

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at.....m.

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

The principal cause of death and related causes of importance were as follows:  
Found dead in bed

7. AGE YEARS MONTHS DAYS If LESS than a day, hrs. min. 4

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.....

Other contributory causes of importance: not possible to state  
causes of death

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

23. If death was due to external cause (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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Manner of injury.....  
Nature of injury.....

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

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

19. UNDERTAKER (ADDRESS)

(Signed) J. B. Monahan, M. D.  
(Address) Houston

20. FILED 3-12 1936 J. B. Monahan Registrar

**SUPPLEMENTARY**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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