

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.

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

Do not use this space.

MAR 24 1936

7126

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No.)

File No. 40

Registered No. 668

St. Ward

2. FULL NAME

(a) Residence, No. 1311 E 6 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Cora Winner

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

July 9-1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

79

4

6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1922

Ohio

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

FATHER

13. NAME

M. Winner

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

Don't know

MOTHER

15. MAIDEN NAME

" "

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

" "

17. INFORMANT (ADDRESS)

Mrs Ada Miller
1673 E 7

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE Feb 7 1936

19. UNDERTAKER (ADDRESS)

M S Langhin Bros
Sedalia

20. FILED

Feb 7-1936 Jean Slack
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1936

22. I HEREBY CERTIFY That I attended deceased from March 1 1936 to Feb 2 1936

I last saw him alive on Feb 5 1936 Death is said

to have occurred on the date stated above, at 11:30 P. M.

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

Chronic interstitial
renal nephritis

121

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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? Yes

If so, specify

(Signed) W T Bishop M. D.

(Address) Sedalia Mo.

