APR 22 1936

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

Do not use this space.

11251

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township — Primary Registration District No. 4249 — Registered No. 42
City Festus Mo (No. ..... St. ..... Ward)

2. FULL NAME Francis Whinnerah
(a) Residence, No. Desoto Mo 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 10-1914
7. AGE: YEARS 22 — MONTHS 1 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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): St Louis Mo

FATHER
13. NAME: Hy Whinnerah
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Josephine Boyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Mines Mo

17. INFORMANT (ADDRESS): Hy Whinnerah Desoto Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Desoto Mo DATE Mar 31, 1936
19. UNDERTAKER (ADDRESS): Duester & Vinyard Festus Mo
20. FILED 3/31, 1936 J. E. Rutledge M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 29, 1936
22. I HEREBY CERTIFY, That I attended deceased from Held Inquest on Deceased, 19..
I last saw h..... alive on Mar 28, 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:
Hit By Automobile on 61 High way By unknown Person
Date of onset
Other contributory causes of importance: Fracture of Skull. Pedestrian on highway
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 Accident
Nature of injury Hit By Automobile
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) R. F. Panchot Dept Coroner M.D.
(Address) Festus Missouri

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

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1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township — Primary Registration District No. 4249 — Registered No. 42
City Festus Mo (No. ..... St. ..... Ward)

2. FULL NAME Francis Whinnerah
(a) Residence, No. DeSoto, Mo. 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1914
7. AGE YEARS 22 MONTHS 1 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) St. Louis Mo.

FATHER
13. NAME Henry R. Winnerah
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Josephine Richardson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Mo

17. INFORMANT (ADDRESS) Henry R. Winnerah - DeSoto Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary - DeSoto DATE Mch 31, 1936
19. UNDERTAKER (ADDRESS) Lee Mothershead DeSoto Mo
20. FILED 3/30 1936 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1936
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 about 3:30 a m.
The principal cause of death and related causes of importance were as follows:
Struck by a car going south on Highway 61 at the intersection of 6th St Festus. Driver of car unknown.
Fractured skull and
Other contributory causes of importance:
lacerated arm, internal injuries
Verdict of jury.
Date of onset
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? Accident Date of injury 3/29, 1936
Where did injury occur? On highway 61 at 6th St. Crossing Festus Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Hit while walking highway
Nature of injury Fractured skull & other injuries
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) R. T. Panchot Dept Coroner M. D.
(Address) Festus Mo

SUPPLEMENTARY

11251