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

AUG 20 1936

Do not use this space.

19099-1

1. PLACE OF DEATH

County Gasconade — Registration District No. 307

Township Boulvar. — Primary Registration District No. 5423

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

File No. .....

Registered No. .....

2. FULL NAME WILTON HARLON HOENER

(a) Residence, No. ~~Swiss~~ Swiss 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. 3 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)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Son of Albert Hoener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3 1936

7. AGE — YEARS: — MONTHS: 2 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

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): SWISS MO

FATHER

13. NAME: ALBERT HOENER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BAY MO.

MOTHER

15. MAIDEN NAME: ESTHER KRAENOW

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BLAND MO

17. INFORMANT (ADDRESS): Albert Hoener Bay Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Bay Mo DATE: June 2 1936

19. UNDERTAKER (ADDRESS): Hugo H Blumer Hermann Mo.

20. FILED: June 1 1936 Mrs. F. B. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936, to May 31, 1936

I last saw him alive on May 31, 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Acute simple meningitis — Date of onset: 5-17 1936

798

Other contributory causes of importance: Spasms

Name of operation: — Date of: —

What test confirmed diagnosis? Physical 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? No

If so, specify .....

(Signed) John Engelbrecht, M. D.

(Address) Stony Hill, Mo

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.