OCT 21 1936

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

Do not use this space.

37315

1. PLACE OF DEATH
County Gasconade
Township Richland
City ~~Gasconade~~ (No. ..... , ... St. ..... Ward)

Registration District No. 304
Primary Registration District No. 5421

File No. 53
Registered No. .....

2. FULL NAME William Walter Waibel

(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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-24-1884

7. AGE: Years 51 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: US Gov't
10. Date deceased last worked at this occupation (month and year): Nov-1934
11. Total time (years) spent in this occupation: 41 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morrison Mo

FATHER
13. NAME: Geo. Waibel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Josephine French
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Norma Waibel Gasconade Mo

18. BURIAL, CREMATION, OR REMOVAL: Cem. PLACE Morrison Good Hope DATE 10/18 1936

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

20. FILED 10-23, 1936 F. L. Kicker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Accidental Death, 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... in.
The principal cause of death and related causes of importance were as follows:

Accidental death by falling from Railroad Cabroose and being run over by cabroose.

Date of onset

Other contributory causes of importance: Verdict of Coroner's Jury

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) C. A. Bunge, M. D.
(Address) Coroner Bland 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.

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