

JAN 20 1937

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

Do not use this space.

43668

1. PLACE OF DEATH

County Atchison
Township Clark
City Fairfax, Mo. (No. _____)

Registration District No. 17
Primary Registration District No. 40.11

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

George William Dwinchart

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 36 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mrs Sarah (Becker) Dwinchart

DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2-1853
AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
83 2 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Harness-maker
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) Lancaster Co., Penn

FATHER 13. NAME Tobias Dwinchart

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Chas Dwinchart, Fairfax Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborn Ridge DATE 12/25 1936

19. UNDERTAKER (ADDRESS) H. H. Schrock, Fairfax Mo.

20. FILED 12/25 1936 Heta B. Black Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934, to Dec, 1936
I last saw him alive on Dec 20, 1936. Death is said to have occurred on the date stated above, at 11:30 am.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset July 1936

Other contributory causes of importance:
General arteriosclerosis, Chronic interstitial nephritis, Hypertension 10 yrs

Name of operation none Date of _____
What test confirmed diagnosis? no Was there an autopsy? no

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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) William A. Muhlman, M. D.
(Address) Fairfax, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

