

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

Do not use this space.

JAN 28 1937

43698

1. PLACE OF DEATH

County Andrew Registration District No. 912
 Township Union Primary Registration District No. 4550
 City Union (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 35

2. FULL NAME

Ray Henry Werner

(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 Josephine E Werner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1887
 7. AGE YEARS 49 MONTHS 7 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. paper hanger
 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) Calvey Ills

FATHER 13. NAME Henry Werner

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

MOTHER 15. MAIDEN NAME Franca Belle Werner

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

17. INFORMANT (ADDRESS) Mrs Josephine E Werner

18. BURIAL, CREMATION, OR REMOVAL PLACE Andover Mo DATE 12/15 1936

19. UNDERTAKER (ADDRESS) W S Waters

20. FILED 12/15 1936 Camille F. Ulbrack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1936, to Dec 13 1936

I last saw him alive on Dec 12 1936. Death is said to have occurred on the date stated above, at 8:55 a.m.

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

Emicoma of Thyroid

Other contributory causes of importance _____

Name of operation Exploratory Date of 12/26/36

What test confirmed diagnosis? Pathology 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? no

If so, specify _____

(Signed) Phoebe Alfred, M. D.

(Address) Union, Mo

