

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

 110 County Washington
 Township Richwoods
 City Richwoods (No. _____)
Registration District No. 889Primary Registration District No. 6285File No. 9277

Registered No. _____

St. _____ Ward _____

2. FULL NAME

John Winick

(a) Residence, No. _____

(Usual place of abode) _____

St. _____

Ward. _____

(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

single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

8

MONTHS _____

DAYS _____

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

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)

Richwoods Mo

FATHER

13. NAME

Archie A. Winick

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

Willow Springs Mo

MOTHER

15. MAIDEN NAME

Mary J. Kestelbrad

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

Richwoods Mo

17. INFORMANT (ADDRESS)

Archie Winick

18. BURIAL, CREMATION, OR REMOVAL

PLACE Funerary DATE 11-11 1936

19. UNDERTAKER (ADDRESS)

Wagon Bros Richwoods Mo20. FILED 11-10 1936O. W. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10 193622. I HEREBY CERTIFY, That I attended deceased from Oct 27 1936 to Nov 10 1936I last saw him alive on Nov 10 1936. Death is saidto have occurred on the date stated above, at 1 P. m.

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

Spikes entered and pneumonia

Date of onset

Other contributory causes of importance:

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) O. W. Parker M. D.
(Address) Richwoods 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

