

OCT 18 1937

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

Do not use this space.

33849

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
Township Reynolds Primary Registration District No. 5179
City (No.) St. Ward

File No.

Registered No. 322. FULL NAME William Winkler

(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 Susanne Ater Weibel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Cape Girardeau, Mo.13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓17. INFORMANT Albert M. Ester
(ADDRESS) Jackson, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Saline DATE Sept 10, 193719. UNDERTAKER Crumpton-Walker-Allen
(ADDRESS) Jackson, Mo.20. FILED 9-9-37 D. G. Seibert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-193722. I HEREBY CERTIFY, That I attended deceased from 9-7-1937, to 9-9-1937I last saw him alive on 9-7-1937 Death is saidto have occurred on the date stated above, at 3 A. M.

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

Encephalitis (senile)

Date of onset

Other contributory causes of importance:

Thyroid
Arterio-sclerosisName 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 ✓, 19Where 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) Albert M. Ester, M. D.(Address) Jackson, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

