REC'D MAY 20 1938

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

Do not use this space.

15157

1. PLACE OF DEATH
County: Linn
Township: Locust Creek
City: Linneus (No. ..., ... St. ... Ward)

Registration District No. 501
Primary Registration District No. 4304

File No.
Registered No.

2. FULL NAME: Jo. L. Winterscheid

(a) Residence, No. R 70 #1 Linneus Mo 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 12, 1923

7. AGE: Years 14 | Months 6 | Days 19 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Linneus High School
10. Date deceased last worked at this occupation (month and year): Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn County Missouri

FATHER
13. NAME: Henry Winterscheid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXXXXXXXXXXX Nebraska

MOTHER
15. MAIDEN NAME: Adelaide Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn County Missouri

17. INFORMANT (ADDRESS): Henry Winterscheid Linneus, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Laclede Cem. DATE: May 3, 1938

19. UNDERTAKER (ADDRESS): Thorme Undertaking Co. Linneus, Missouri

20. FILED 5-9, 1938 Mrs Maud T. Wiff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	
Drowning	
# No boat #	1:30

Other contributory causes of importance:
Coroner View

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? Accident Date of injury ..., 19...
Where did injury occur? Linneus Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Accidental
Nature of injury: Drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. H. Hilsop M. D.
(Address) Coroner of Linn Co Brookfield Mo

A. 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.