

REC'D SEP 27 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23692

1. PLACE OF DEATH

County Pettis

Township

City SedaliaRegistration District No. 168Primary Registration District No. 8032(No. North 16 1/2)File No. 248Registered No. 668

St.

Ward)

2. FULL NAME

Margaret Winzenburg(a) Residence, No. Route 2, Sedalia, Mo.
(Usual place of abode)

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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

January 1, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.60711

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.at home9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Clinton
Missouri

FATHER

13. NAME

Andrew W. Winzenburg14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME

Angeline Marshall16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Morris,
Illinois17. INFORMANT
(ADDRESS)Henry Winzenburg
Route 2, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

8/1419. UNDERTAKER
(ADDRESS)Duane Ewing
Sedalia, Mo.

20. FILED

8-12-1934Frank Slack
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 12 - 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1938, to Aug 12, 1938I last saw him alive on Aug 12, 1938 Death is saidto have occurred on the date stated above, at 7:30 A. M.

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

Valvular disease
Chronic cardiac
Parenchymatous nephritis

Date of onset

1/1937

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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

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)

A. L. Walter

, M. D.

(Address)

Sedalia Mo

924
RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9/9/38

Dr. W. A. L. 170.00.5
170.00.5

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29692

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis

Registration District No. 668

(b) Township

Primary Registration District No. 30.32

(c) City Sedalia

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Margaret Wingenburg St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

S

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

80

7

11

OCCUPATION

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

9. Industry or business in which work
was done, as 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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED

19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1938

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 m.

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

Valvular Disease
Chronic Cardiac
Pulmonary Phlebotomy
Chronic

Date of onset

Other contributory causes of importance:

Name of operation Date of m.

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) A. L. Walter, M. D.

(Address) Sedalia Mo

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