

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.

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

Do not use this space.

1938 JAN 25 1939

44882

1. PLACE OF DEATH

County north Registration District No. 904
Township Union Primary Registration District No. 45-46
City (No. 6215)

File No.
Registered No.
St. Ward)

2. FULL NAME

Mary Jane Winemiller
(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 Female 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 Walter Winemiller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-2-1867
7. AGE YEARS 71 MONTHS 4 DAYS 6 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Ill. 1

13. NAME Joseph Weaver

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

15. MAIDEN NAME Margaret Preist

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

17. INFORMANT Walter Winemiller (ADDRESS) Shuridan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shuridan Mo. DATE Dec. 9 1938

19. UNDERTAKER Long & Boyd (ADDRESS) Shuridan Mo.

20. FILED Dec. 9 1938 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1938 to Dec. 8 1938
I last saw her alive on Dec 8 1938 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Secondary Eumia Date of onset about Nov. 20-38

Other contributory causes of importance: 59
arthritis Date of onset Nov 1 1938

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? no
If so, specify Al Long (Signed) Shuridan M. D.
(Address) Shuridan

