REC'D FEB 6 1939

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

Do not use this space.

1962

File No. 12-10-38

Registered No.

1. PLACE OF DEATH.
County Charlton
Township Grayland
City Triple Hill (No. 534 St. Ward)
Registration District No. 173
Primary Registration District No. 4102

2. FULL NAME Clarence Albert Winkler

(a) Residence, No. (Usual place of abode) Triple Hill, Mo St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 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~~ Nina Winkler 1912

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12

7. AGE: Years 26 Months 4 Days 27 If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA worker
10. Date deceased last worked at this occupation (month and year) Aug 28, 1938
11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Charlton County Missouri

FATHER

13. NAME Albert Winkler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Monroe County Missouri

MOTHER

15. MAIDEN NAME Minnie Belle Letrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Charlton County Missouri

17. INFORMANT (ADDRESS) Albert Winkler Salisbury Mo R-2

18. BURIAL, CREMATION, OR REMOVAL
PLACE P.H. Cem DATE Dec 10 1938

19. UNDERTAKER (ADDRESS) Patton Huntsville Mo

20. FILED Jan 25 1939 J. D. McAdam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1938, to Dec 10 1938
I last saw him alive on Dec 9 1938. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Myocarditis	not known

Other contributory causes of importance: None

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Name of operation None Date of
What test confirmed diagnosis? None 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 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
(Signed) F. L. Harris, M. D.
(Address) Salisbury 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.