

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

Do not use this space.

FILED FEB 23 1940

1500

1. PLACE OF DEATH

County Adair Registration District No. 4
 Township Kirksville Primary Registration District No. 3001
 City Kirksville (No. 20) St. Mo. Ward 103

2. FULL NAME

Andrew Wesley Winget
 (a) Residence, No. 2 St. Mo. Ward 103
 (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helene Winget</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18, 1909</u>		
7. AGE YEARS <u>31</u>	MONTHS <u>8</u>	DAYS <u>1</u>
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>K. C. O. Sanitor</u>	
	10. Date deceased (last worked at this occupation (month and year)) <u>Jan 19, 1940</u>	
11. Total time (years) spent in this occupation		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	13. NAME <u>Andrew Winget</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mrs</u>	
	15. MAIDEN NAME <u>Rachel Ellis</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	17. INFORMANT (ADDRESS) <u>A. J. Winget Mrs</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>LaPlata</u> DATE <u>Jan 21, 1940</u>		
19. UNDERTAKER (ADDRESS) <u>D. S. Shiska LaPlata, Mo</u>		
20. FILED <u>1-24</u> 1940 <u>Spencer L. Freeman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Friday Jan 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1940, to Jan 19, 1940
 I last saw him alive on Jan 19, 1940. Death is said to have occurred on the date stated above, at 1:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary embolism Date of onset 9410

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 _____, 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) Wm. C. Kelly, B.S., M.D.
 (Address) Kirksville, Missouri

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.

RECEIVED

District Health Officer No. 10

District File-Reg. Ser. 2-40-425

Date Filed FEB 13 1940