

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.

20179

1. PLACE OF DEATH
County Henry Registration District No. 14
Township X Primary Registration District No. 4241
City Windsor (No. _____) St. _____ Ward _____

File No. _____

Registered No. 13

2. FULL NAME Walter W. Oringderff
(a) Residence, No. 106 E. Jackson 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1916
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Ft. Scott
(STATE OR COUNTRY) Kansas

13. NAME A. W. Oringderff
14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

15. MAIDEN NAME Cora Fox
16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

17. INFORMANT A. W. Oringderff
(ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE June 6, 1934

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL
(ADDRESS) Windsor, Mo.

20. FILED June 6, 1934 W. J. Oringderff
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4-34 1934
22. I HEREBY CERTIFY, That I attended deceased from May 25, 1934, to June 4-34, 1934
I last saw him alive on June 4, 1934. Death is said to have occurred on the date stated above, at 10:30 A. M.
The principal cause of death and related causes of importance were as follows:

Pneumonia
from
influenza
Other contributory causes of importance: _____
Date of onset _____

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) W. J. Oringderff, M. D.
(Address) Windsor, Mo.

