

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

Do not use this space.

34181

1. PLACE OF DEATH

89 County Ray
6 Township Freshland
4 City Richmond (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Richmond, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Obetta Winingar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 6 19

OCCUPATION

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Missouri
13. NAME James D. Winingar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Missouri
15. MAIDEN NAME Mary E. Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Winingar Richmond

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE October 7 1933

19. UNDERTAKER (ADDRESS) C. W. Manserv Richmond Missouri

20. FILED 12-7 1933 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-10 1933, to 10-5 1933

I last saw him alive on 10-4 1933 Death is said

to have occurred on the date stated above, at 10:30 P.
The principal cause of death and related causes of importance were as follows:

4pc
Sarcema of
Colon
Other contributory causes of importance 44
Name of operation Exploratory Date of _____
What test confirmed diagnosis Section 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) Thos. J. Lane M. D.
(Address) Richmond 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.

1934

