

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

Do not use this space.

FEB 27 1934
89

2268
18

1. PLACE OF DEATH

County Jay
Township Richland
City Hannibal (No. _____)

Registration District No. 744
Primary Registration District No. 5976 B

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

2. FULL NAME

Willard F. Winniger

(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 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 Sarah Winniger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 5 6

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Wm not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

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

17. INFORMANT Prof. E. Winniger (ADDRESS) Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Candler No DATE 1/25/34

19. UNDERTAKER C. M. Jones (ADDRESS) Richland Mo

20. FILED 2-9 1934 E. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23/34 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/8th 1930, 1930, to 1/23rd 1934, 1934.

I last saw him alive on 1/23rd 1934, 1934. Death is said to have occurred on the date stated above, at 10:40 A.M. 1030 EST

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
131
Date of onset _____
Other contributory causes of importance: _____

Name of operation NO N.E Date of _____
What test confirmed diagnosis? Urinalysis Was there an autopsy? N.O.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934
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? N.O.
If so, specify _____

(Signed) W. V. Smith, M. D.
(Address) Hannibal, 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.

OCCUPATION 16
FATHER 021
MOTHER 031

