

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

Do not use this space.

20277

1. PLACE OF DEATH

County New Madrid
Township Como
City Osceola (No.) (St.) (Ward ..)

Registration District No. 6.05
Primary Registration District No. 5804

File No.
Registered No.

2. FULL NAME

Mildred Irene Wineinger

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nil
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Osceola
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Archie Wineinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark
(STATE OR COUNTRY) 2

12. MAIDEN NAME OF MOTHER Hazel Diggs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) 1

14. INFORMANT Archie Wineinger
(Address) Osceola, Mo

15. FILED June 6, 1932 Mrs. C. S. Blackburn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1932

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1932 to June 12, 1932 that I last saw her alive on June 15, 1932, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute colitis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) George Husted, M. D.

, 19 (Address) Parma, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Parma Mo June 17, 1932

20. UNDERTAKER ADDRESS

None (L)

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.

JUL 26 1932

