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

Do not use this space.

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No. 15633
Township — Primary Registration District No. 3002 — Registered No. 55
City Mexico, Missouri (No. Audrain Co Hospital St. Ward)

2. FULL NAME William Wing
(a) Residence, No. Hawk Point, Mo St., --- Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Sarah Wing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4th, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	52	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington R.R.Co
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) Hawk Point Mo.

FATHER
13. NAME Pete Wing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe

MOTHER
15. MAIDEN NAME Anna Havlik
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe

17. INFORMANT (ADDRESS) Mrs William Wing Hawk Point, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hawk Point, Mo DATE May 8, 1934

19. UNDERTAKER (ADDRESS) Kemper Bros Troy, Mo

20. FILED May 6, 1934 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1934 to May 5, 1934
I last saw him alive on 5, 1934 Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation of stomach through old ulcer	1114
	129

Other contributory causes of importance:
General Peritonitis

Name of operation Laporatomy Date of May 1-34
What test confirmed diagnosis? operation 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?
If so, specify
(Signed) Paul E Coil, M. D.
(Address) Mexico 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.

WRITE PLAINLY, WITH UNFADING INK

JUN 20 1934