

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.

*Copy* JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH  
County Cole Registration District No. 218  
Township Jefferson Primary Registration District No. 3014  
City Jefferson (No. St. Marys Hosp.) St. \_\_\_\_\_ (Ward) \_\_\_\_\_  
2. FULL NAME John L. Wainingham  
(a) Residence, No. Dixon 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 23509  
Registered No. 181

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1919  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 19 10 15  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Oklahoma  
13. NAME John Wainingham  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Beatrice Pottelberg  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma  
17. INFORMANT John Wainingham  
(ADDRESS) Dixon Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Dixon Mo. DATE 6/13/37  
19. UNDERTAKER Gilbert Undertaking S. Co.  
(ADDRESS) Dixon Mo.  
20. FILED 6-4- 1937 Arthur J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1937  
22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937, to June 1, 1937  
I last saw h. alive on June 9, 1937. Death is said to have occurred on the date stated above, at 6 P m.  
The principal cause of death and related causes of importance were as follows:  
Intestinal hemorrhage  
Other contributory causes of importance: Amoebic dysentery  
Name of operation laparotomy Date of 5/28/37  
What test confirmed diagnosis? laboratory 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 1  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Arthur J. ..., M. D.  
(Address) Jeff. City Mo.

Date of onset

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