

REC'D APR 24 1939

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

Do not use this space.

11331

1. PLACE OF DEATH

54 County Lafayette 2
Township Day
City Wellington (No.)

Registration District No. 466
Primary Registration District No. 4622, C

File No.
Registered No. 5-
St. Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Huenefeld</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 11 1872</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>0</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>L</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 1, 1938</u>	
	11. Total time (years) spent in this occupation <u>54</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Triggsville Mo.</u>		
MOTHER FATHER	13. NAME <u>William Huenefeld</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati Ohio</u>	
	15. MAIDEN NAME <u>Minnie Schoppert</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Edwin Huenefeld</u> (ADDRESS) <u>Wellington Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wesley Cemetery</u> <u>Wellington Mo.</u> DATE <u>Mar. 10 1939</u>		
19. UNDERTAKER <u>Duesing Funeral Home</u> (ADDRESS) <u>Wellington Mo.</u>		
20. FILED <u>Mar 8 1939</u> <u>F. W. Mann</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1939

2A. I HEREBY CERTIFY, that I attended deceased from Mar 23 1938 to Feb 28 1939

I last saw him alive on Feb 28 1939 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 94 hr

Other contributory causes of importance:
Coronary thrombosis

Name of operation Chinical Date of no

What test confirmed diagnosis Chinical 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 R. S. Shockey, M. D.
(Signed) W. H. Mann (Address) Wellington 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—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number 418739
Date Filed _____