

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1940 APR 8

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

Do not use this space.

10137

1. PLACE OF DEATH

County Rollinger
Township Union
City PATTON, Rural (No. 252)

Registration District No. 68
Primary Registration District No. 5107

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

2. FULL NAME David Benton Niswonger

(a) Residence, No. _____ St. 0 Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Lee Niswonger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1852

7. AGE YEARS 88 MONTHS _____ DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Millerville (STATE OR COUNTRY) D

FATHER 13. NAME David Niswonger

14. BIRTHPLACE (CITY OR TOWN) Millerville (STATE OR COUNTRY) D

MOTHER 15. MAIDEN NAME Polly Stearn

16. BIRTHPLACE (CITY OR TOWN) Millerville (STATE OR COUNTRY) D

17. INFORMANT (ADDRESS) D. Niswonger Advance, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Post Oak Cem. DATE Feb. 22, 1940

19. UNDERTAKER Baker Funeral Home (ADDRESS) Lutesville, Mo.

20. FILED Apr 8 1940 Bertha Watson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1940, to Feb 20 1940. I last saw him alive on Feb 20 19____. Death is said to have occurred on the date stated above, at 6:00 A.

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

Pneumonia

Date of onset Feb 17

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) John J. Myers M.D.
(Address) St. Louis, Mo.

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 10137

Registration District No. 68

Primary Registration District No. 5107

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Bollinger
(b) City or town. Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. mo (b) County. Bollinger
(c) City or town. Patton
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME David Benton Newinger

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex. m 5. Color or race. w 6. (a) Single, widowed, married, divorced. wid

6. (b) Name of husband or wife. _____ 6. (c) Age of husband, or wife, if alive. _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 88 Months _____ Days 12 If less than one day _____ hr. _____ min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month Feb day 27
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia Bronchial

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature John J. Rogers (M. D. or other) _____

Address Patton Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

5-10137 1940