

MISSOURI BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40792

1. PLACE OF DEATH

County Monroe Registration District No. 1095-
Township Southwestern Primary Registration District No. 4226
City None (No) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Earthy Pearl Wingate

(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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. F. Wingate

22. I HEREBY CERTIFY, That I attended deceased from 12-5-, 1933, to 12-12-, 1933.
I last saw her alive on 12-12-, 1933. Death is said to have occurred on the date stated above, at 1:59 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1891

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 01 01

Date of onset _____

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. housewife
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 _____

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Mo.

FATHER
13. NAME Wilson Williams

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Maggie Robinson

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) R. F. Wingate

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Medical DATE 12-13-33

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) Jessie E. Richard

If so, specify (Signed) J. B. Norman, M. D.
(Address) 710

20. FILED 12-15-1933 J. L. Martin Registrar.

ANS should state its very important.

JAN 26 1934

LOCAL REGISTRAR'S REPORT
 MISSOURI STATE
 BUREAU OF VITALS
 CERTIFICATE

HEALTH
 DEATH REPORT

Do not use this space.

1. PLACE OF DEATH

County
 Township
 City (No. St. Ward)
 Registration District No. File No.
 Primary Registration District No. Registered No.

2. FULL NAME

(s) Residence, No. St. 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.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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)

13. NAME FATHER

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

15. MAIDEN NAME MOTHER

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
 I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Date of onset:

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 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) M. D. (Address)

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Moniteau Registration District No. 1095 File No. _____
 Township Moniteau Primary Registration District No. 5770 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Warathy Pearl Bengate
 (a) Residence, No. _____ St. _____ 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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) _____				
FATHER	13. NAME _____			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
MOTHER	15. MAIDEN NAME _____			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
17. INFORMANT (ADDRESS) _____				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____				
19. UNDERTAKER (ADDRESS) _____				
20. FILED <u>12-15-1934</u> <u>J. Martin</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12/1939

22. I HEREBY CERTIFY, That I attended deceased from 12-5-33 to 12-12-1939
 I last saw him alive on 12-12-1933 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Larynx Cancer Date of onset _____

Other contributory causes of importance:
106

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. B. Korman, M. D.
 (Address) Jefferson, Mo.

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN, WHERE—, IS IN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION IN STATE REGISTER FROM _____ DATE THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-40792