

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

Do not use this space.

27409

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4130 Warwick Blvd.)

Registration District No. 399
Primary Registration District No. 1002

File No. 5-2002
Registered No. 2002
St. _____ Ward _____

2. FULL NAME Edwin B. Wingate, Sr.

(a) Residence No. 4130 Warwick Blvd. St. 7 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice B. Wingate

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 17, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>10</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Reuben A. Wingate
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Frankfort
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Sally Graham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shelbyville
(STATE OR COUNTRY) Kentucky

14. INFORMANT J. B. Wingate (son)
(Address) Kansas City
15. FILED 7/26 1927 M. M. Lawrence
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 23 1927

17. I HEREBY CERTIFY That I attended deceased from 9 17 to 9-23 1927 that I last saw him alive on 9-23-27 1927 and that death occurred, on the date stated above, at _____ m.

(THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza involving both lungs & Colon
930-11A (duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Chronic myocarditis (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH In incapacitation
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Samuel A. ... M. D.
924 1927 (Address) 814 Argyle Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Forest Hills Cem 9/26 1927
20. UNDERTAKER ADDRESS
Stine & McClure KE 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.

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