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

Do not use this space.

40931

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 5311

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Grace Hospital St. 40 Ward)

2. FULL NAME Miss Nina Warriner

(a) Residence. No. 4400 Washington St., 7 Ward. (If nonresident give city or town and State)
(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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 6, 1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
29	2	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Drexel
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER William C. Warriner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Freeman
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Fattie Gatton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sonora
(STATE OR COUNTRY) Kentucky

14. INFORMANT W. C. Warriner
(Address) 4400 Washington

15. FILED 12/20, 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 19 1928

17. I HEREBY CERTIFY: That I attended deceased from Dec 18, 1928, to Dec 19, 1928 that I last saw her alive on Dec 18, 1928, and that death occurred, on the date stated above, at 8:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11B
132B

Influenza (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Albuminuria Coma (duration) yrs. mos. 1½ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) A. C. Wunnicke, M. D

12/20, 1928 (Address) 2227 Broadway Ave

*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 Forest Hill, — DATE OF BURIAL Dec 22 1928

20. UNDERTAKER R. V. Lindsey & Sons, Inc. — ADDRESS Kansas City 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.