

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

Do not use this space.

10911  
10861  
File No. \_\_\_\_\_  
Registered No. 1422

**1. PLACE OF DEATH**

County Jackson Registration District No. 558  
Township Yreka Primary Registration District No. 101  
City Kansas City (No. Kansas City Genl Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Van Winkle ~~Jessie~~ Anna Marie

(a) Residence. No. 2526 Chestnut St. Ward 11  
(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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29, 1922

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	6	2	23	

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**PARENTS**

10. NAME OF FATHER Jessie E. Van Winkle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Nora Kindred

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

**14.**

INFORMANT Deirda Clark  
(Address) Kansas City Genl Hosp

**15.**

FILED 3/22, 1929 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-22 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-17, 1929 to 3-22, 1929 that I last saw h. alive on 3-22, 1929 and that death occurred, on the date stated above, at 5:05 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Epidemic cerebro spinal meningitis

18 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 24 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clin + Lab Findings  
(Signed) P. E. Williams M. D.

3-22-1929 (Address) Supt K.C. Genl Hosp

\*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

Clinton Mo. 3/24 1929

20. UNDERTAKER ADDRESS

O. V. Mast K.C. 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.

