

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

Do not use this space.

16439

**1. PLACE OF DEATH**

County Jackson  
Township Washington  
City Grandview (No. .... St. .... Ward)

Registration District No. 404  
Primary Registration District No. 2338

File No. ....  
Registered No. 28

**2. FULL NAME** Nadine Wintermute

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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) Aug 5, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
✓ 9 10

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Grandview (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Harry J. Wintermute

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

12. MAIDEN NAME OF MOTHER Lusia Craig

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

14. INFORMANT H. S. Wintermute (Address) Grandview Mo.

15. FILE NO. 6-1-1930 OF O. G. Gorman REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1930, to May 15, 1930, and that I last saw him alive on May 15, 1930, and that death occurred, on the date stated above, at 3:30 p.m.

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

measles  
89A  
81B (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Otitis Media Acute (duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED Home (NOT AT PLACE OF DEATH) .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no .....

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab.

(Signed) J. W. Brennan, M. D. (Address) Grandview Mo.

\*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 Mount Moriah Cem. DATE OF BURIAL May 17, 1930

20. UNDERTAKER Ed. George & Sons ADDRESS Grandview

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.

