

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

87-482

NOV 26 1930

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

Do not use this space.

M. J. Paul

1. PLACE OF DEATH  
County Pittsburg Registration District No. 668  
Township Sedalia Primary Registration District No. 303  
City Sedalia (No. Gen Hospital)  
St. Gordon F. Winkler Ward  
2. FULL NAME  
(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.

File No.           
Registered No. 251  
St.          Ward         

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ethel Winkler</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 7 1903</u>				
7. AGE	YEARS <u>26</u>	MONTHS <u>11</u>	DAYS <u>25</u>	IF LESS than 1 day, <u>        </u> hrs. or <u>        </u> min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Welder 210M</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>79</u> (c) Name of employer <u>James Con Co</u>				
9. BIRTHPLACE (CITY OR TOWN) <u>Wilmington</u> (STATE OR COUNTRY) <u>Miss. Ind.</u>				
PARENTS	10. NAME OF FATHER <u>Geo Winkler</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>West Va.</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>        </u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Miss</u> (STATE OR COUNTRY)			
14. INFORMANT <u>Geo Winkler</u> (Address) <u>Yale Okla.</u>				
15. FILED <u>10-7-30</u> <u>J. L. Love</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Oct 2 1930</u>	
17. I HEREBY CERTIFY, That I attended deceased from <u>Sept 30</u> , 19 <u>30</u> to <u>Oct 2</u> , 19 <u>30</u> that I last saw him alive on <u>Oct 2</u> , 19 <u>30</u> , and that death occurred, on the date stated above, at <u>10:30 P.</u> m.	
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Fracture of skull with</u> <u>missile</u> <u>2nd Ohio St. city of Sedalia vehicle</u> <u>collision with motor vehicle</u> (duration) <u>        </u> yrs. <u>        </u> mos. <u>        </u> ds.	
CONTRIBUTORY (SECONDARY) <u>        </u> (duration) <u>        </u> yrs. <u>        </u> mos. <u>        </u> ds.	
18. WHERE WAS DISEASE CONTRACTED <u>        </u> IF NOT AT PLACE OF DEATH. <u>        </u>	
DID AN OPERATION PRECEDE DEATH? <u>NO</u> DATE OF <u>        </u>	
WAS THERE AN AUTOPSY? <u>NO</u>	
WHAT TEST CONFIRMED DIAGNOSIS <u>Chromal diagnosis</u> (Signed) <u>        </u> , M. D.	
1930 (Address) <u>        </u>	
*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 <u>Yale Okla</u>	DATE OF BURIAL <u>10/5 1930</u>
20. UNDERTAKER <u>        </u>	ADDRESS <u>Sedalia</u>

