

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

Do not use this space.

39391

**1. PLACE OF DEATH**

County Dachson  
Township Haw  
City Kansas City mo (No. 2014 Kansas)

Registration District No. 288  
Primary Registration District No. 2882

File No. \_\_\_\_\_  
Registered No. 49150  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Theresia Winkler  
(a) Residence No. 2014 Kansas St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59 7 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work house work  
(b) General nature of industry, business, or establishment in which employed (or employer) none  
(c) Name of employer \_\_\_\_\_

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

(STATE OR COUNTRY) Austria

10. NAME OF FATHER Paul Mandel

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

12. MAIDEN NAME OF MOTHER Theresia White

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

14. INFORMANT Margaret Winkler (Address) 2014 Kansas

15. FILED 12/9, 1930 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 8, 1930 that I last saw her alive on Dec 8, 1930, and that death occurred, on the date stated above, at 10:30 a.m.

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

acute dilatation of heart

95B (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) 90W (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 clinical

(Signed) D. P. Klepinger, M. D.

12/8, 1930 (Address) 615 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

W. H. Mary Cem Dec 11 1930

20. UNDERTAKER ADDRESS

A. P. Doehle 1415 E 14

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.

