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.

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

Do not use this space.

1273

File No. .....
Registered No. 3

1. PLACE OF DEATH
County Jackson — Registration District No. .....
Township Kaw — Primary Registration District No. .....
City Kansas City (No. on Board R.R. train #58 - 1/1/32 St. ..... Ward)

2. FULL NAME Earl T. Winger

(a) Residence, No. 4921-17 Ave Square Ward. Minneapolis Minn
(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 Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Nell F.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1885

7. AGE: Years 47 | Months 8 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

FATHER
13. NAME Tacmery Rud. Winger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

MOTHER
15. MAIDEN NAME Emma Tallman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

17. INFORMANT (ADDRESS) Earl T. Winger Jr. 4921-17 Ave Square

18. BURIAL, CREMATION, OR REMOVAL PLACE Minneapolis Minn DATE 1/1/33, 1932

19. UNDERTAKER (ADDRESS) O'Mara Funeral Dir. K.C. Mo.

20. FILED Jan 1, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... I last saw h..... alive on Jan 1, 19.... Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset
Myocardial Infarct
Airplane Left Vertrice
95B
Other contributory causes of importance: Kaw

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) T. H. Beck, M. D.
(Address) K. C. Mo