

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

Do not use this space.

20033

1. PLACE OF DEATH
 County Jackson Registration District No. 000
 Township Kearney Primary Registration District No. 000
 City Kansas City (No. 2) General Hosp St. Mo Ward 1

2. FULL NAME Wineinger Infant
 (a) Residence, No. 1241 Belmont St. Mo Ward 1
 (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.

File No. 2810
 Registered No. 2810

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) 6-30-33
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Kansas City Mo.

13. NAME Walt Wineinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Dois Sutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Reverend Clerk (ADDRESS) 1241 Belmont St. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 7-8-33

19. UNDERTAKER Dues & Salin (ADDRESS)

20. FILED July 6 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30 1933
 22. I HEREBY CERTIFY, That I attended deceased from 6-30 1933 to 6-30 1933
 I last saw him alive on 6-30 1933 Death is said to have occurred on the date stated above, at 10:05 P.M.
 The principal cause of death and related causes of importance were as follows:

Congenital debility Date of onset
158 158

Other contributory causes of importance:

Name of operation none 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?
 If so, specify
 (Signed) J. H. Jewett, M. D.
 (Address) Supervisor of Gen Hosp

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.

