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.

DEC 26 1935

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

Do not use this space.

36218

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township — Primary Registration District No. — Registered No.
City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME Albert David Wininger
(a) Residence, No. Olathe, Kans St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eudora Wininger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29, 1852
7. AGE YEARS 83 MONTHS 8 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired - 10 yrs.
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) Tiffin Ohio

FATHER
13. NAME William Wininger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER
15. MAIDEN NAME Mary Speilman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Henry Wininger 319 N. Del. Independence, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Monticello, Ks. DATE Nov. 24 1935
19. UNDERTAKER (ADDRESS) H. E. Julien Olathe, Kansas
20. FILED 11-22 1935 M. McCrowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21/35
22. I HEREBY CERTIFY That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:
Fracture of the skull
Self arachnoid hemorrhage
Date of onset
Other contributory causes of importance:
No
186
Name of operation Autopsy Date
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 11/15/35
Where did injury occur? Olathe Ks.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell in the street
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

10-M-11-24-33