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.

APR 23 1936

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

Do not use this space.

10575

File No. 1233

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Dr. Wilson O. Wrinkle

(a) Residence, No. 507 Woodland Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Wrinkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20, 1904

7. AGE: YEARS 31 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist
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): Missouri

FATHER

13. NAME: Harry Winkle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER

15. MAIDEN NAME: Lela Tilley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs. Anna Wrinkle, 507 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bonner Springs Kan. DATE: 3/8/36, 19

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel, 104 West 42nd Street

20. FILED 3-7 1936 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March, 5, 1936

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 9:30 A.m.

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

Bilateral Pulmonary Thrombosis

Date of onset

Other contributory causes of importance:

Secondary to Embolism

Chronic appendicitis

Name of operation Appendectomy Date Mar. 1-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) [signature], M. D.

(Address) Kans. Mo.