

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

Do not use this space.

JUL 24 1936

19696

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City (No. 5195, Barfield)

Registration District No. 399
 Primary Registration District No. 1002

File No. _____
 Registered No. 20151
 St. 20th Ward

2. FULL NAME

Albert Winner
 (a) Residence, No. Barry Ill. St. _____ Ward _____

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Winner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 19 1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>	
	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) <u>Ill.</u>		
FATHER	13. NAME <u>John Winner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Ann More</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT (ADDRESS) <u>Bessie 5135 Barfield</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grassy - Ill.</u>	DATE <u>June 1 1936</u>	
19. UNDERTAKER (ADDRESS) <u>Wm C. J. Carter 918 Brookslays</u>		
20. FILED <u>6/1 1936 M. M. Groom</u>	Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1936

22. I HEREBY CERTIFY That I attended deceased from Feb. 1 1936 to May 31 1936
 I last saw him alive on May 31 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1934

Other contributory causes of importance:
Chronic Interstitial Nephritis 1934

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? X

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? X
 If so, specify _____
 (Signed) John R. Lewis, M. D.
 (Address) 3126 Indiana

John Sewer
~~86 Lindwood~~

3548 Indiana

Si-7611