SEP 29 1936

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

Do not use this space.

31022

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Raw — Primary Registration District No. 1002 — Registered No. 3821

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Edwin Vincent Wynkoop.

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

Length of residence in city or town where death occurred 3 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olive Wynkoop.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1860

7. AGE: YEARS 75 — MONTHS 8 — DAYS 16 — 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.
10. Date deceased last worked at this occupation (month and year) Oct. 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue Iowa

FATHER

13. NAME D. K. Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME D. K. Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) ~~DK~~ Ralph H Wynkoop

18. BURIAL, CREMATION, OR REMOVAL PLACE Baldwin Kans DATE ~~[illegible]~~ 8-19 1936

19. UNDERTAKER (ADDRESS) Harry Barnett

20. FILED 8/17 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-9-36, 19, to 8-16-36, 19

I last saw h. 1 m alive on 8-16-36, 19 Death is said to have occurred on the date stated above, at 12:50 p.m.

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

Fracture of Femur

Bronchopneumonia

Chr Fibrous Myocarditis

Other contributory causes of importance:

Date of onset

Name of operation Autopsy Date of

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? Accident Date of injury 6-6-36 19

Where did injury occur? Home - 130 E 63rd St Kans (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall in Home

Nature of injury Fract. Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell W Dew, M. D.

(Address) KCMo

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.