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.

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 33302
Township Kay — Primary Registration District No. 100 — Registered No.
City Kansas City (No. Research Hosp. St. Ward)

2. FULL NAME Warren Henry Winegar
(a) Residence, No. 1108 E. 23rd St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1936
7. AGE: YEARS 1 — MONTHS 1 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.

FATHER
13. NAME Henry Charles Winegar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Mills Mo.

MOTHER
15. MAIDEN NAME Ruth [illegible] Love
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

17. INFORMANT (ADDRESS) Henry C. Winegar 1108 E. 23
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Sept. 15, 1937
19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons
20. FILED 9/15, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw him alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8:24 p.m.
The principal cause of death and related causes of importance were as follows:

Fall from 2nd Story window — Date of onset
Fracture of Skull
Laceration of Brain

Other contributory causes of importance:
186a

Name of operation ..... Date of
What test confirmed diagnosis? Autopsy 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 9-13-37, 19
Where did injury occur? 1108 E 23rd St KC Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall from window
Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W. Fess, M. D.
(Address) KC Mo