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

Do not use this space.

27612

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.

SEP 26 1933

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248C

City Jefferson Barracks (No. Station Hospital St. Ward)

File No.

Registered No. 272

2. FULL NAME Vincent Burwinkle

(a) Residence. No. 814 East 31st St., St., Ward.
(Usual place of abode) Kansas City, Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 1, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	18	10	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Forrester
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City, (STATE OR COUNTY) Missouri.

PARENTS

10. NAME OF FATHER William E. Burwinkle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTY) W. Va.

12. MAIDEN NAME OF MOTHER Lulu N. Harter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harwood, (STATE OR COUNTY) Missouri

14. INFORMANT Mrs. Nilene Burwinkle, (Address) 814 East 31st St., Kansas City, Missouri

15. FILED Aug 16 1933 L. C. Orock M.D. REGISTRAR L.A.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 16, 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1933, to August 16, 1933 that I last saw him alive on August 16, 1933 and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Concussion cerebral, severe.
(2) Contusion of back, right lumbar region, chest and right abdomen. (3) Ruptured liver, costal margin, right lobe of liver, severe. (4) Peritonitis, general, severe.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE DISEASE CONTRACTED Accident. Auto truck collision at Rolla, Mo.
IF NOT AT PLACE OF DEATH Died at Post Hospital Jefferson Barracks, Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF Aug. 13, 1933
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Exploratory laparotomy
(Signed) Colonel, MC U.S.A.
, 19 (Address) Jefferson Barracks, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Kansas City Mo	8/16 1933
20. UNDERTAKER	**ADDRESS**
Thos Forsythe Undr Co	2814 Lo Bdwy