

SEP 6 1939

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

28088  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City or Kansas City (d) Street No. Research Hoop Registered No. 2000 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Janice Ellen Winnie  
 (a) Residence, No. 5235 Cleveland St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE w 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) Aug - 1 - 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>0</u>	<u>7</u> hrs. or <u>0</u> min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. None  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo. C

FATHER  
 13. NAME Ray F. Winnie  
 14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) I

MOTHER  
 15. MAIDEN NAME Mildred E. Miller  
 16. BIRTHPLACE (CITY OR TOWN) Warva (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ray F. Winnie  
5235 Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Aug 2 1939

19. FUNERAL DIRECTOR (NAME) Mr. C. L. Foster (ADDRESS) 918 Brooklyn P. C. Mo

20. FILED 2 19 39 Dr. M. Crome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-31 1939, to 8-2 1939  
 I last saw her alive on 8-2 1939. Death is said to have occurred on the date stated above at 4:52 a.m.  
 The principal cause of death and related causes of importance were as follows:  
7 months delirium  
Premature Birth  
Born 8-1-39 - 7:00 pm  
 Date of onset 12

Other contributory causes of importance:

Name of operation ✓ Date of           
 What test confirmed diagnosis? Heart Was there an autopsy?         

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? ✓  
 If so, specify           
 (Signed) Ronald F. Hodge, M. D.  
 (Address) Wood-Hanson City Mo.

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.

