

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

PLACE OF DEATH
County Jackson
Township Raw
or
Village
or
City Kansas City

Registration District No. 399 File No. 22864
Primary Registration District No. 1002 Registered No. 2270
(NO. 4101 Oak St. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mrs Christenia Laura Witherup

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE white MARRIED married
(If wife, the word)
DATE OF BIRTH Oct 28 1859
(Month) (Day) (Year)
AGE 54 yrs. 8 mos. 25 ds.
if LESS than 1 day, hrs. or min.?

DATE OF DEATH July 23 1914
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from July 6, 1914, to July 23, 1914, that I last saw her alive on July 23, 1914, and that death occurred, on the date stated above, at noon m.
The CAUSE OF DEATH* was as follows:

OCCUPATION
(a) Trade, profession, or particular kind of work house wife.
(b) General nature of industry, business, or establishment in which employed (or employer) home

Pemission Arteriosclerosis

BIRTHPLACE (City or town, State or foreign country) Numa Iowa

71A 54
(Duration) yrs. 6 mos. ds.

PARENTS
NAME OF FATHER Cornelius Peterson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio
MAIDEN NAME OF MOTHER Martha Ann Sheuey
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) W. Camery Archer M. D.
7/24 1914 (Address) 6530 S. Emp.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) D. R. Witherup
(ADDRESS) 4101 Oak St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

Filed JUL 25 1914 1914 W. S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL Shurwood DATE OF BURIAL 7-26 1914
UNDERTAKER Cylar Bros ADDRESS 1401 Main

Exact statement of OCCUPATION is very important.

