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.

11638

1. PLACE OF DEATH
County Jackson — Registration District No. 599 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City K.C. Mo. (No. 3720 Flora av. St. ..... Ward)

2. FULL NAME Mary Barber Whitmore
(a) Residence. No. 3720 Flora St., ... Ward. .....
(Usual place of abode) (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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-30 1844

7. AGE: Years 82 — Months 6 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

PARENTS
10. NAME OF FATHER James Unk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Miss Barber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

14. INFORMANT Mrs. A. Ciarl
(Address) 3720 Flora av.

15. FILED 4/4 1927 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April-3 1927

17. I HEREBY CERTIFY, That I attended deceased from March 30 1927, to April 3 1927 that I last saw her alive on April 3 1927 and that death occurred, on the date stated above, at 1:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia (R lower)
108
93
(duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
Several (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1010
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Eugene C Beach, M.D.
4/4 1927 (Address) 1010 Realto Bldg Kansas

*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: Toledo Ohio — DATE OF BURIAL: Apr 5 1927

20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K.C. Mo.