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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 40841
Township Kaw — Primary Registration District No. 1002 — Registered No. 5217
City Kansas City Mo (No. 3818 Prospect Ave St. Ward)

2. FULL NAME Alonza Latt Whitcomb
(a) Residence. No. 3813 Prospect St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 1845

7. AGE: 83 YEARS — MONTHS: 3 — DAYS: 26 — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) Richland Center
(STATE OR COUNTRY) Wisconsin

PARENTS
10. NAME OF FATHER Myron Whitcomb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richland Center
(STATE OR COUNTRY) Wisconsin
12. MAIDEN NAME OF MOTHER not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) not Known

14. INFORMANT Ernest Tucker
(Address) 3844 College

15. FILED 12/17, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/16 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/8, 1928, to 12/16, 1928 that I last saw him alive on 12/16, 1928 and that death occurred, on the date stated above, at 11:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchial Pneumonia
Wood 1078
(duration) 16 yrs. mos. 7 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Ex.
(Signed) D K Russell, M.D
12/17, 1928 (Address) 3231 E 11 St.

*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: Forest Hill Cem — DATE OF BURIAL: Dec 20 1928

20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grandave

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.

WHITE PAPER, WITH UNFADING INKEYING IS A PERMANENT RECORD

3813 Prospect Ave