WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

41040

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 6329

Township Kan Agnes — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 6712, Agnes St. Ward)

2. FULL NAME Omar William Whaley

(a) Residence. No. 6712 Agnes 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 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May. 16, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	7	9	

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)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER George W. Whaley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Mariah J. Whaley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Mrs. Hawley Armstrong
(Address) Covington Ky

15. FILED 12-25 1928 M. M. Crowe REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Dec. 25, 1928 that I last saw him alive on Dec. 24, 1928, and that death occurred, on the date stated above, at 6:10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

99 a

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D

12/26/28, 19 (Address) 80 & Paseo

*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
Forest Hill	12/26/28 19

20. UNDERTAKER	ADDRESS
R. V. LINDSEY & SONS	Kans City Mo