

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

Do not use this space.

24 1929

File No. 9892
Registered No. 13
St. _____ Ward _____

PLACE OF DEATH
County Cass Registration District No. 156
Township _____ Primary Registration District No. 4090
City Harrisonville (No. _____)

2. FULL NAME Andrew A. Whitsett
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mary ↑ Whitsett
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1st 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 1 27

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1929
17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1929, to March 28, 1929, that I last saw him alive on March 28, 1929, and that death occurred, on the date stated above, at 5:15 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

Carcinoma of Liver
40 E (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 44 B (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky
10. NAME OF FATHER Wm D. F. Whitsett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Ardena Black
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
18 WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Scott M. D.
, 19 (Address) Harrisonville Mo
*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.

14. INFORMANT Mr. A. A. Whitsett
(Address) Harrisonville Mo
15. FILED 29 29 D. S. Song REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Orient DATE OF BURIAL 3/31 1929
20. UNDERTAKER Rummenburg Bros Co ADDRESS Harrisonville Mo

Every death certificate returned to the state board of health should be accompanied by a statement of the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr Scott

