

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

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1. PLACE OF DEATH
 County Clay Registration District No. 197 File No. 1018
 Township Hallatin Primary Registration District No. 5276 Registered No. 18
 City North Haven No. _____ St. _____ Ward _____

2. FULL NAME Margaret Whitney
 (a) Residence. No. 1307 Swift Ave. St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 2 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 16 - 1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>16</u>		<u>8</u>	

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 22 1929 to Mar 24 1929 that I last saw her alive on Mar 24 1929, and that death occurred, on the date stated above, at _____ 3 _____ 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute meningococcal meningitis
18 (duration) yrs. mos. 5 ds.
 CONTRIBUTORY (SECONDARY) 24 (duration) yrs. mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) mo

10. NAME OF FATHER J.M. Whitney

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

12. MAIDEN NAME OF MOTHER Eveline Anderson

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical & smears from fluid
 (Signed) H. H. ... M. D.
3/24, 1929 (Address) North Kansas City

*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 Mrs J.M. Whitney
 (Address) 1307 Swift Ave.

15. FILED Mar 25 29 H.R. Dagg REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty, Mo DATE OF BURIAL 3/26 29

20. UNDERTAKER Morton & Co ADDRESS No. 10 E. Mo.

no Public Burial

N. B.—Every item of information should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

PARENTS
 261
 2
 2

