

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

Do not use this space.

18289
223A

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

399
Registration District No.
Primary Registration District No. **1002**

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 1526 Pennington St., 12 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-29-1894

7. AGE YEARS 33 MONTHS 0 DAYS 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bookkeeper
(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) Louisiana

PARENTS

10. NAME OF FATHER Harry Witham

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

12. MAIDEN NAME OF MOTHER Blura Beatty

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

14.

INFORMANT Recess Clerk
(Address) Kansas City Gene Hosp

15.

FILED 5/29 1929 M. M. Crowe
asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-18-1929

17. I HEREBY CERTIFY, That I attended deceased from 5-10- 1929, to 5-18- 1929 that I last saw her alive on 5-18- 1929 and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic cerebrospinal meningitis

CONTRIBUTORY (SECONDARY) 24 (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) V. E. Williams, M. D.

5-14 1929 (Address) Sup't. K.C. Gene Hosp.
*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 Kansas City Mo **DATE OF BURIAL** 5/20/29

20. UNDERTAKER W. Mast **ADDRESS** 115 East 15

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.

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

15-2222

