

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

Do not use this space.

21438

2572

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township 1st Primary Registration District No. _____
City H. P. Mo. (No. 631 Spruce St. _____ Ward)

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME

Marquis Lafayette Whetstone
(a) Residence No. 631 Spruce St., 10 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, _____ hrs. or _____ min.
	80	4	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(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) Ill.

10. NAME OF FATHER Marquis L. Whetstone

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) No record.

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) No record

14. INFORMANT Ray Whetstone (Address) 631 Spruce

15. FILED 6/8, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 - 1929

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1929, to June 7, 1929, and that I last saw him alive on June 7, 1929, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Duodenum
46 1/2 (duration) 9 yrs. 9 mos. 45 ds.
CONTRIBUTORY Same (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

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? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. Laubach, M. D.

6/8, 1929 (Address) 725 Ang & Bay KC 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lola Kansas DATE OF BURIAL June 10 1929

20. UNDERTAKER Mrs. C. L. Foster ADDRESS H. P. Mo.

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.

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[Faint, illegible handwritten text, possibly bleed-through from the reverse side of the page. The text is scattered and difficult to decipher.]