

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

Do not use this space.

37134

**1. PLACE OF DEATH**

County Jackson Registration District No. 339  
 Township Kaw Primary Registration District No. 100  
 City Kansas City (No. Kansas City Gen. Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 49413

**2. FULL NAME**

Harry Wheatley  
 (a) Residence No. 3917 State Lane Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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 Charlotte Wheatley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>		<u>22</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work machinist  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Frank Wheatley

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

12. MAIDEN NAME OF MOTHER Fannie Chesler

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

14. INFORMANT Recd Clerk  
 (Address) K.C. General Hosp.

15. FILED 11/7, 1929 M.M. Croove REGISTRAR  
Dr

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6 1929

17. I HEREBY CERTIFY That I attended deceased from 9-30 1929 to 11-6 1929 that I last saw him alive on 11-6 1929 and that death occurred, on the date stated above, at 6:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
728 Hodgkins Disease

CONTRIBUTORY (SECONDARY) 6513  
 (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? yes

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) P. E. Williams M. D.

1929 (Address) Sept K.C. Gen. 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 Forest Hill DATE OF BURIAL Nov 8 1929

20. UNDERTAKER H.W. Hates ADDRESS K.C. K

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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