

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

Do not use this space.

37395

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 2415

Township Raw

Primary Registration District No. 100

Registered No. 2415

City Kansas City (No. 8th & Bank)

St. Ward

Ward

2. FULL NAME

Arthur Thos. Wilhite

(a) Residence. No. 3008 Bellefontaine St., 11 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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.

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

Mrs Marion Temple Wilhite

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

July 18 - 1869

7. AGE

YEARS

60

MONTHS

4

DAYS

7

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Traffic Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

Fitts-Smith Dry Goods Co., 8th Bank
35 yrs.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hearney Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Wm. Connell Wilhite

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ky.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elvira Skillman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Platte County Mo.

(STATE OR COUNTRY)

14. INFORMANT

W. H. Ramsey

(Address)

4333 Bellefontaine

15. FILED

11/26 1929

M. M. Crowe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Monday Nov. 25 1929

17. Permanently

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 3:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

suicide - hanging self with rope

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Edward J. ... M. D.

25 19 29 (Address) Lenora

*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

Elmwood

DATE OF BURIAL

Nov. 27, 1929

20. UNDERTAKER

Elyar Funeral Home

ADDRESS

1800 Linwood

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

1588
1
2

