

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City No. 3411

Registration District No. 399
Primary Registration District No. Highland

File No. 40812
Registered No. 5210
St. _____ Ward _____

2. FULL NAME

David Aaron Whitmore

(a) Residence. No. 3411 Highland St. 13 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1887 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J Whitmore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 10 17

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Spink Pencil Co
(c) Name of employer St Louis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. Penn.

10. NAME OF FATHER Christian Whitmore

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

12. MAIDEN NAME OF MOTHER Mary Ann Phillips

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

14. INFORMANT Mrs Mary J Whitmore
(Address) 3411 Highland

15. FILED 1/18 29 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 19 29

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1929, to Dec 18 1929 that I last saw him alive on Dec 15 1929, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Anemia
82A
97

CONTRIBUTORY (SECONDARY) Atherosclerosis (duration) yrs. _____ mos. _____ ds.
arteriosclerosis (duration) yrs. _____ mos. _____ ds.

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) W. S. Singer M. D.
12 1929 (Address) 4525 Prospect Ave

*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 12-20 1929

20. UNDERTAKER H. H. Newcomer's ADDRESS St Louis 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.

4523 Prospect.
Wab. 0118
- until 4⁰⁰ M.