

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

Do not use this space **1118**

*Dr. Maddox*  
187 Vine  
104

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City K.C. Mo. (No. 509 Tracy Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Norman Whitfield  
 (a) Residence No. 509 Tracy St. 1 Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 1 27

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Baby  
 (b) General nature of industry, business, or establishment in which employed (or employer) K.C. Mo.  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm Whitfield  
Mo.

10. NAME OF FATHER Wm Whitfield

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

12. MAIDEN NAME OF MOTHER Robie

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

14. INFORMANT Wm Whitfield  
 (Address) 509 Tracy

15. FILED Jan 8 30 1930 W. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1930, to Jan 6, 1930, that I last saw him alive on Jan 5, 1930, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Broncho-Pneumonia  
 (duration) yrs. mos. 8 ds.  
 CONTRIBUTORY (SECONDARY) Acute Toxicity  
 (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED At Home  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Course  
 (Signed) W. Maddox M. D.  
Jan 6 1930 (Address) 1518 East 18th St. N. C. 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 Highland Cemetery DATE OF BURIAL 1/8/30 1930

20. UNDERTAKER West Ap. Pluton Jones ADDRESS 600 E. 19th St.

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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