

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

Do not use this space.

29855

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Flaw Primary Registration District No. _____
City Kansas City (No. 5440) Woodland

File No. _____
Registered No. 3660
St. _____ Ward _____

2. FULL NAME

William J. Wilhite
(a) Residence, No. 5440 Woodland St. 15 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 27 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 Bessie Wilhite

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 5 25

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Neuer Bros. Mfg.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emporia Kansas

10. NAME OF FATHER H. E. Wilhite

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

12. MAIDEN NAME OF MOTHER Mary Bishop

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

14. INFORMANT Mrs. Bessie Wilhite (Address) 5440 Woodland

15. FILED 9/4 1930 M. M. Brown REGISTRAR Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 1927, 1927 to Sept 4, 1930 that I last saw him alive on Sept 4, 1930 and that death occurred, on the date stated above, at 10:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis, acute
93A
57A

CONTRIBUTORY Chronic Arterio Sclerosis (SECONDARY) (duration) yrs. mos. ds. 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 880
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Consultation
(Signed) Paul B. Hedrick, M. D.
9/4 1930 (Address) 910 Beallo Bldg.

*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 9/8th 30

20. UNDERTAKER J. H. Newcomer's ADDRESS St. C

WHITE 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.

910 11th St. S. S. S. S.

7th 0840

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