

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

Do not use this space.

36172

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. _____
Registered No. 4578
St. _____ Ward _____

2. FULL NAME

Whitstone William

(a) Residence. No. 2939 Main St. Ward 3

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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 Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Minnesota

PARENTS

10. NAME OF FATHER A. Whitstone

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

12. MAIDEN NAME OF MOTHER M. Dempsey

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

14.

INFORMANT Record Clerk
(Address) R.C. Gen Hosp

15.

FILED 11/11/30 M.M. Corbett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-10 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-27, 1930, to 11-10, 1930, that I last saw him alive on 11-10, 1930, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis
Pulmonary tuberculosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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) J. J. Bennett (M. D.)
11/11/30 (Address) Asst Supt KC DH

*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

DATE OF BURIAL

Parsons Kansas

11-10 1930

20. UNDERTAKER

ADDRESS

John F. Sheehan

K.C. Mo

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.

