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.

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

Do not use this space.

39416

File No. [illegible]
Registered No. [illegible]

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No. 2439 Olive St. Ward)

2. FULL NAME Frederick P. Wilmott

(a) Residence. No. 2439 Olive St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Mollie S. Wilmott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 26, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	13	

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

9. BIRTHPLACE (CITY OR TOWN) Pleasant Hill
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER William Wilmott
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Mollie S. Wilmott
(Address) 2439 Olive

15. FILED 12/11, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1930 to Dec 9, 1930 that I last saw h. ~~him~~ alive on Dec 9, 1930, and that death occurred, on the date stated above, at 9:27 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
[illegible]
[illegible] (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Senility, atherosclerosis
(duration) 3 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? Clinical
(Signed) Ed Sherman M. D.
Dec. 10, 1930 (Address) 1102 E 47th KC 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	DATE OF BURIAL
Higginsville, Mo.	Dec 11 1930
20. UNDERTAKER	**ADDRESS**
D. N. Newcomer's Sons	K.C. Mo.

Dr. C. A. Sherman
Troost Center Bldg.
1:30 - 5