

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

Do not use this space.

37595

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kan Primary Registration District No. _____
City Kansas City (No. 3010, Bellefontaine) St. _____ Ward _____

File No. _____
Registered No. 4456
St. _____ Ward _____

2. FULL NAME

Manford S. Wilhite
(a) Residence, No. 3000 Bellefontaine St. 11 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 10 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. F. Avery Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (year) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas city Mo

MOTHER 13. NAME William C Wilhite

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Elvira Spillman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Charlotte Wilhite (ADDRESS) 3010 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE Edinwood DATE Mar-6-1931

19. UNDERTAKER Henry Inverness Sons (ADDRESS) Kansas city - Mo.

20. FILED 11/5 1931 M. M. Korone Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1931, to Mar 4 1931

I last saw him alive on Mar 4 1931 Death is said to have occurred on the date stated above, at 4:15 pm.

The principal cause of death and related causes of importance were as follows:

Cancer of liver - primary in right lung Date of onset 1931

H.T.B. 407A 470

Other contributory causes of importance: Terminal Pneumonia 11-2-31
Bronch

Name of operation None Date of _____

What test confirmed diagnosis? Clinical & Path Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Alldavia M. D.

(Address) 402 Withman Bldg.

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.

410 E-61st Juv - Hi 2181

10-11; 3-5