

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

Do not use this space.

12532

**1. PLACE OF DEATH**

County Jackson Registration District No. 388  
 Township Kaw Primary Registration District No. 700  
 City Kansas City (No. 4020, Forest St. 1465 Ward)

**2. FULL NAME** Mrs. Sallie M. Waite

(a) Residence, No. 4020 Forest St. 15 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. John F. Waite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 5 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri /

13. NAME Joseph Willis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Kentucky 2

15. MAIDEN NAME Sarah Chiles

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

17. INFORMANT (ADDRESS) Mrs. T. S. Jewett, 5347 Paseo - K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, K.C.K. DATE Apr. 8th - 1932

19. UNDERTAKER (ADDRESS) Gates Funeral Home, Kansas City - Kansas.

20. FILED 4/6 1932 M. M. Groves Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6th - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932 to Apr. 6, 1932. I last saw him alive on Apr. 6, 1932. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Coronary Thrombosis  
Suppurative pneumonia  
Recent date of onset  
 Other contributors causes of importance:  
acute bronchitis, edema  
(terminal)  
 Date of onset 1-1-32

Name of operation no Date of no  
 What test confirmed diagnosis? Stomach Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no  
 Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

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

(Signed) George H. Jones, M. D.  
 (Address) Kansas City, Mo.

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.

Dr. Harry L. Jones VI 0848  
Argyle Bldg.

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