

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

Do not use this space.

26533

1. PLACE OF DEATH

County JACKSON Registration District No. 399
 Township KAW Primary Registration District No. 1002
 City KANSAS CITY (No. 29 WEST-53RD) St. _____ Ward _____

File No. _____
 Registered No. 3276

2. FULL NAME DR. HERMAN JAMES WHITTIER

(a) Residence, No. 29 WEST-53RD St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) MRS. ETTA J. WHITTIER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-2-1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>2</u>	<u>13</u>	

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

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

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) CANADA

13. NAME HERMAN WHITTIER

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

15. MAIDEN NAME SYLVIA SQUIRE

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

17. INFORMANT (ADDRESS) MRS. ETTA J. WHITTIER

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL ABBEY DATE AUGUST-17-1933

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS

20. FILED 9 16 19 33 M. M. Kerowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-15-1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933, to August 15, 1933
 That said _____ alive on Aug 15, 1933 Death is said to have occurred on the date stated above, at 10:45 P. m.

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

Hypertensive pneumonia
97
1110
 Other contributory causes of importance
arteriosclerosis
97

Date of onset	<u>Aug</u>
	<u>6-33</u>

Name of operation _____ Date of _____
 What test confirmed diagnosis? same Was there an autopsy? _____

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? _____
 If so, specify _____ M. D.

(Address) 1024 Professional Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

5
5
5

OCCUPATION
FATHER
MOTHER

1-H

SEARCHED INDEXED
SERIALIZED FILED

APR 19 1964

FBI - SAC, LOS ANGELES

TO DIRECTOR, FBI

FROM SAC, LOS ANGELES

RE: [Illegible]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 3276
City (No. 29 W 3rd St)..... St..... Ward.....

2. FULL NAME

Dr Herman James Whittier

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

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 M 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
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).....

FATHER
13. NAME.....

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

MOTHER
15. MAIDEN NAME.....

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED 8/16 1933 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from..... to..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Date of onset.....
Other contributory causes of importance:.....
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

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

(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be stated EXACTLY. HOW STATE

S-26533