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

Do not use this space.

26701

**1. PLACE OF DEATH**

County Jackson — Registration District No. 89 — File No. —

Township Kaw — Primary Registration District No. 0001 — Registered No. 3461

City Kansas City, Mo (No. Mercy Hospital St. Ward)

**2. FULL NAME** Bobby Wharlow

(a) Residence. No. Grant City Mo St., Ward. Grant City Mo
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| M | W | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1-1932

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 1 | 8 | 30 | |

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

9. BIRTHPLACE (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Albert Wharlow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Augusta Payton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Parnell,
(STATE OR COUNTRY) Mo

14. INFORMANT Albert Wharlow
(Address) Grant City, Mo

15. FILED 8/31 1933 M. M. Crowe Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1933

17. I HEREBY CERTIFY, That I attended deceased from 8-28, 1933 to 8-31, 1933 that I last saw him alive on 8-31-33, 19..., and that death occurred, on the date stated above, at 9:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteritis.

Bronchopneumonia (Secondary)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1 A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. L. Dwyer, M. D.

8/31, 1933 (Address) Mercy Hosp.

*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 |
|---|---|
| Grant City, Mo | Aug 31 1933 |
| **20. UNDERTAKER** | **ADDRESS** |
| J. H. Payton | Grant City |

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.

SEP 26 1933