

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH
 County Jackson Registration District No. 389
 Township Kaw Primary Registration District No. 1000
 City Kansas City (No. Trinity Luther Hospital)
 St. _____ Ward _____

2. FULL NAME Mabel Whaley
 (a) Residence, No. _____ St. Hickman Mills Mo.
 (Usual place of abode) _____ Ward _____
 (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.

File No. 1298-12
 Registered No. 1032
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>6</u>	<u>6</u>	

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.

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) Lawrence, Kans.

MOTHER FATHER

13. NAME Carl W. Smith,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Elizabeth Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Lon Shackelford
 (ADDRESS) 3310 East 60th

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE 4/16/34 19.

19. UNDERTAKER R. V. Lindsey & Sons
 (ADDRESS) 3811 Bdwy

20. FILED Apr 17 1934 M. M. Corow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15, 1934

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
 I last saw h. _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at 3:10 pm
 The principal cause of death and related causes of importance were as follows:
Infarct hemorrhage
82 H
92
 Other contributory causes of importance:
lw

Name of operation _____ Date of _____
 What test confirmed diagnosis? Culmery 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 of 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) [Signature] M. D.
 (Address) _____

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.

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SECRET

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