

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.

OCT 17 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township

Primary Registration District No. 1012

City

Kansas City, Missouri 822 Paseo

File No. 32750

Registered No. 41801

St. _____ Ward _____

2. FULL NAME George P. Whitthorn

(a) Residence, No. 822 Paseo K C Mo

(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Esther Whitthorn</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3-1860</u>			
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>	DAYS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
	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) <u>1928</u>		
11. Total time (years) spent in this occupation <u>30</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
FATHER	13. NAME <u>George David Whitthorn</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>		
	15. MAIDEN NAME <u>Milled Sherill</u>		
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>		
	17. INFORMANT (ADDRESS) <u>Julia Esther Whitthorn 822 Paseo K C Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>Sept 4 1934</u>			
19. UNDERTAKER (ADDRESS) <u>Joe A. Butler & Son K C Mo</u>			
20. FILED <u>9-4-34 M. M. Crowe</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1934, to 9-1, 1934.

I last saw him alive on 9-1, 1934. Death is said

to have occurred on the date stated above, at 4 P m.

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

Carcinoma stomach.

Hb.L

Other contributory causes of importance:

None

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) J. W. Grimes, M. D.
(Address) Tenth & Harrison

