

OCT 17 1934

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

Do not use this space.

32761

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
Township East Primary Registration District No. 1000 Registered No. \_\_\_\_\_  
City Kansas City (No. mercy Hospital) St. Independence (Ward)

2. FULL NAME

Emma Fay Whisler  
(a) Residence, No. 1048 1/2 N. 109th Ward. Independence 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. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 - 1924</u>				
7. AGE	YEARS <u>13</u>	MONTHS <u>0</u>	DAYS <u>29</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>school child</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)			
11. Total time (years) spent in this occupation.				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>Robert Lee Whisler</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Geneva McClintock</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>Lee J. Whisler</u> (ADDRESS) <u>1048 1/2 N. 109th, etc.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>Sept 6 - 1934</u>				
19. UNDERTAKER <u>Mrs. E. J. Forster</u> (ADDRESS) <u>975 - 34th M. E. Ave</u>				
20. FILED _____ 19 _____ <u>acc</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4 .1934

22. I HEREBY CERTIFY, That I attended deceased from 9-31, 1934, to 9-4, 1934.  
I last saw her alive on 9-4, 1934. Death is said to have occurred on the date stated above, at 10:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Typhoid Fever Date of onset 9-29-34

Other contributory causes of importance:  
Acute diffuse Meningitis 9-1-34  
Acute toxic Meningitis 9-1-34

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Widal 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 \_\_\_\_\_  
(Signer) Sidney B. Bolger M. D.  
(Address) 76 Ruy Bede

Sidney F. Pakula