

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

Do not use this space.

9179

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township 10 East

Primary Registration District No. 1002

City Kansas City (No. 2622 E. 9th St.)

File No. _____

Registered No. 1107

St. Mo. Ward _____

2. FULL NAME Luthairy Ann Whitley

(a) Residence, No. 2622 East 9th St.,
(Usual place of abode) Kansas City, Mo.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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 Lee L. Whitley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1874

7. AGE

YEARS 61

MONTHS 0

DAYS 14

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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

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) Chetopa Kansas

MOTHER FATHER

13. NAME Frank Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown New York

15. MAIDEN NAME Mary Box

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

17. INFORMANT (ADDRESS) Lee L. Whitley 2622 E. 9th St. E. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington Cem DATE March 14, 1935

19. UNDERTAKER (ADDRESS) George C. Carson 101 W. Pleasant Indep. Mo.

20. FILED 3-14, 1935 M. M. Crowe, Reg. Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8th, 1935 to March 12th, 1935

I last saw her alive on March 12th, 1935 Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Cerebral Hemorrhage

Date of onset 3/8/35

hypertension

Other contributory causes of importance:

Arteriosclerosis

Name of operation None

Date of _____

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Geo T. Reese, D.O.

(Address) 214 W. Lexington Indep. Mo.

Registrar.

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.

