

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

Do not use this space.

29608

OCT 2 2 1935

1. PLACE OF DEATH

County Jackson
 Township.....
 City Kansas City

Registration District No. 39
 Primary Registration District No. 13
 (No. St. Mary's Hospital)

File No.....
 Registered No. 29608
 St. Ward

2. FULL NAME Robert Edgar Wherry

(a) Residence, No. South Park Kansas St., Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Vene Wherry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1875.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 8 28.

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

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

10. Date deceased last worked at this occupation (month and year) Sept 1935 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fall City Nebr.

13. NAME Robert Wherry.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

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

17. INFORMANT (ADDRESS) Mrs. Vene Wherry South Park Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Fall City Nebr DATE 9/18/ 1935

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City Kansas

20. FILED Sept 17, 1935 M. M. Lesoin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16 19 35

22. I HEREBY CERTIFY, That I attended deceased from August 15 1935 to September 16 1935. I last saw him alive on September 10 1935. Death is said to have occurred on the date stated above, at 8 p. m.

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

sublethal obstruction
Coronary arteriosclerosis
due to strangulation of colon

Other contributory causes of importance:
arterio sclerosis

Name of operation 12251 Date of
 What test confirmed diagnosis? 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 Dr. Arch. Whymann, M. D.
 (Signed) (Address) Bryant Building

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

