

MAY 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo.(No. 1804 Pendleton)File No. 15185Registered No. 1896 Ward

2. FULL NAME

(a) Residence, No. 1804 Pendleton 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

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hennie V. Wholey6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-18717. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 11 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Sheriff

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) Memphis Tenn13. NAME John Wholey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Elizabeth Seweeney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Mrs Hennie V. Wholey18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 4/10/3619. UNDERTAKER (ADDRESS) D. V. MAST FUNERAL HOME, INC.20. FILED 4-9, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6-1936

22. I HEREBY CERTIFY THAT I attended Deceased from _____ to _____, 19____.

I last saw him alive on 30, 19____. Death is saidto have occurred on the date stated above, at 11 P m.

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

Chronic hypertension Date of onsetmyocarditisOther contributory causes of importance: 920Name of operation Autopsy 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?

If so, specify _____

(Signed) [Signature], M. D.(Address) [Signature]

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.

