JUL 21 1936

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

Do not use this space.

23031

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 102 — Registered No.: 23033

City: Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME: Thomas Whitehurst

(a) Residence, No. 3605 Montgall Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

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: Mch - 21 - 1877

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 21 1877

7. AGE: Years 59 — Months 3 — Days 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Postal Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Frisco R.R.
10. Date deceased last worked at this occupation (month and year): June 14
11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Treka Mississippi

FATHER

13. NAME: Delaney Whitehurst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER

15. MAIDEN NAME: Gracie Beaty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): Mrs Helen Whitehurst 3605 Montgall

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: June 23, 1936

19. UNDERTAKER (ADDRESS): W. W. Newcomers Sons Kansas City - Mo.

20. FILED: 6/22, 1936 M. M. Graves
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1936, to June 21, 1936

I last saw him alive on June 20, 1936. Death is said to have occurred on the date stated above, at 10:10 a.m.

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

	Date of onset
Acute appendicitis	June 10
Appendicitis abscess	June 14

Other contributory causes of importance: Pulmonary Thrombosis Sudden 6/21

Drainage appendicial abscess 6/14-36

Name of operation: 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

(Signed) H. O'Connell M. D.

(Address) 943 Medical Arts Bldg.

923 Medical Arts Bldg

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