

JUL 25 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

48501

1. PLACE OF DEATH

County Pettis
 Township Sedalia
 City Sedalia

Registration District No. 665
 Primary Registration District No. 3032

File No. 170-173
 Registered No. 468
 St. _____ Ward _____

Infant daughter of Lester C. Whenry

2. FULL NAME

(a) Residence, No. 1720 South Park

(Usual place of abode)

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
Female4. COLOR OR RACE
White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

6/1/1936

7. AGE

YEARS

MONTHS

DAYS

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

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Sedalia****Missouri**

13. NAME

Lester C. Whenry14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Sedalia****Missouri**

15. MAIDEN NAME

Lulu Miller16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Sedalia****Missouri**17. INFORMANT
(ADDRESS)**Lester C. Whenry**
1720 South Park

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

6/1/36

19

19. UNDERTAKER
(ADDRESS)**Ewing Funeral Home**
7th at Osage

20. FILED

6-1-

1936

John Slack
Registrar

MEDICAL CERTIFICATE OF DEATH

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

6-1-193622. I HEREBY CERTIFY, That I attended deceased from
6-1-, 1936 to **6-1-**, 1936I last saw h. alive on **6-1-**, 1936 Death is said
to have occurred on the date stated above, at **8 a.m.**

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

Date of onset

Stillborn & ane
6-1-36

Other contributory causes of importance:

Hydrocephalic & premature

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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)

Alfred O. Wright

M. D.

(Address)

111 W 4th St Sedalia Mo

more up