APR 8 1937

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

Do not use this space.

9594

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1311
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 5147 Quincy St. Ward)

2. FULL NAME Miss Viola Rose Whitfill
(a) Residence, No. 5147 Quincy St., Ward. (If nonresident, give city or town and State)
(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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Sing

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ↑↑↑↑↑↑↑↑↑↑↑↑↑↑

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 20, 1916

7. AGE: 20 YEARS — MONTHS: 0 — DAYS: 24 — If LESS than 1 day, ... hrs. or ... min.

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. 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) Kansas City, Missouri

FATHER
13. NAME William C. Whitfill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka, Kansas

MOTHER
15. MAIDEN NAME Alta Polen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Wm. C. Whitfill 5147 Quincy

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE March 16 1937

19. UNDERTAKER (ADDRESS) R.V. Lindsey and Sons Inc. 3811 Broad. K.C. Mo.

20. FILED Mch 15 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1936, to Mar. 14, 1937
I last saw her alive on Mar 14, 1937. Death is said to have occurred on the date stated above, at 12:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Coma	about 1931

59

Other contributory causes of importance:
Diabetes Mellitus

Name of operation none Date of —
What test confirmed diagnosis? Chemical Was there an autopsy? no

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) O. C. Cooper, M.D.
(Address) 3129 Euclid Ave

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.