

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

Do not use this space.

**MAY 15 1937**

**15035**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Jean Primary Registration District No. 1062  
 City Kansas City (No. K.C. Gen. Hosp) St. Mo. Ward

File No. 15035  
 Registered No. 15035  
 St. Mo. Ward

**2. FULL NAME**

Guy Whitton  
 (a) Residence, No. 21606 E 8th St. Mo. Ward   
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>55</u>	<u>10</u>	<u>22</u>		

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

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) Mo.

13. NAME Mitchell Whitton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Williams

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

17. INFORMANT (ADDRESS) Reverend Clerk, K.C. Gen. Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Market DATE 4/2/37

19. UNDERTAKER (ADDRESS) Frisman Mortuary, 104 or 42nd

20. FILED Apr 1, 1937 M. M. Corrows Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1937 to 3-21, 1937

I last saw him alive on 3-31, 1937 Death is said to have occurred on the date stated above, at 5:10 PM

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

Carcinoma of head of pancreas with metastases to liver  
 Date of onset 46

Other contributory causes of importance: Post operative Pulmonary Embolism

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?

If so, specify

(Signed) P. F. De Maria, M. D.  
 (Address) K.C. Gen. Hosp

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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