

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

Do not use this space.

**JUN 12 1937**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 3316 Paseo) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 19061  
 Registered No. 2275

**2. FULL NAME** Ada M. Wilhite

(a) Residence, No. 3316 Paseo 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 55

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher  
 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) Fayette Missouri

13. NAME Wm. H. Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Indiana

15. MAIDEN NAME Lucille K. Peacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Missouri

17. INFORMANT O. L. Pitts (ADDRESS) 3316 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayette, Mo. DATE May 17 1937

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

20. FILED May 17 1937 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4 1937, to May 16 1937

I last saw h. er alive on May 16 1937 Death is said to have occurred on the date stated above, at A. \_\_\_\_\_ m. 12:30

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

Hodgkins Disease Date of onset 1930

720

Other contributory causes of importance: Chronic Myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Py. P. C. 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Red Anderson, M. D.  
 (Address) 724 Apple Bldg.

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.

W. J. G. R. R.

No 5009

April 4 P.M.