SEP 21 1937

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

Do not use this space.

29802

1. PLACE OF DEATH
County Jackson County — Registration District No. 399 — File No.
Township Kansas City — Primary Registration District No. 1002 — Registered No.
City Mo (No. 5331 Highland Ave St. Ward)

2. FULL NAME Whalen James
(a) Residence, No. 5331 Highland Ave Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Record

7. AGE 77 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Baden

FATHER
13. NAME Thomas Whalen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME Bridget Fahey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Sister Camille 5331 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 8/18/37 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co 20 W Linwood

20. FILED Aug 18 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/16/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1935, to Aug 16, 1937
I last saw him alive on Aug 15th, 1937 Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocardosis — Date of onset
several years
93c

Other contributory causes of importance:
arteriosclerosis
about 10 years

Name of operation Date of
What test confirmed diagnosis? Observation 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) Paul V O'Rourke, M. D.
(Address) 1402 Bryant

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.