

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH  
County Jackson Registration District No. 399 File No. 33213  
Township Kaw Primary Registration District No. 1002 Registered No. 3353  
City Kansas City (No. 2843 Troost Avenue) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME R. Shields Whitten  
(a) Residence, No. 108 East 70th Street, St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1852  
7. AGE YEARS 85 MONTHS 6 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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. Retired Farmer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

13. NAME Easton Whitten

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

15. MAIDEN NAME Mary Bost

16. BIRTHPLACE (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

17. INFORMANT Frederick E. Whitten  
(ADDRESS) 108 East 70th Street

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wichita, Kansas DATE Sept. 8, 1937

19. UNDERTAKER Freeman Mortuary & Chapel  
(ADDRESS) Kansas City, Missouri

20. FILED Sept 7, 1937 M. M. Crowe  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1937, to Sept 7, 1937  
I last saw him alive on Sept 3, 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis  
Cerebral hemorrhage 9-7-37  
97  
Other contributory causes of importance:  
Senile dementia Several yrs.  
Tuberculosis

Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) J. S. Eulicher, M. D.  
(Address) 836 Prof Bldg.  
Kansas City, Mo.

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.

2222

836 Professional

1:30 - 4:30