

JAN 17 1938

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

Do not use this space.

44151

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City K. C. Mo. (No. General Hospital) St. _____ Ward _____

File No. _____
Registered No. 5054

2. FULL NAME Mrs. Frances Wilhite
(a) Residence, No. 2416 Holmes 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Wilhite
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1903
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
34 1 26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 230
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, Mo.

MOTHER FATHER 13. NAME Thomas Potter

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

MOTHER 15. MAIDEN NAME Caloleah Peterson

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

17. INFORMANT Walter Potter
(ADDRESS) 1001 E. 26th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Dec. 15, 1937

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED Dec 15 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:45 m. am

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

Fruit second and third degree burn of body - 181
Other contributory causes of importance: W

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide _____ Date of injury _____, 19____

Where did injury occur? 2416 Holmes Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Red printing Circuit of fire
Nature of injury fire

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) [Signature], M. D.
(Address) [Signature]

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.

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