JAN 13 1939

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

Do not use this space.

42098

File No.

Registered No. 163

1. PLACE OF DEATH

County: Jackson

Township: Kaw

City: Kansas City Mo. (No. 323 St. Joseph Hall St. Ward)

Registration District No. 399

Primary Registration District No. 1907

2. FULL NAME Baby Whitsitt (Stillborn)

(a) Residence, No. 7948 Michigan 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: M.

4. COLOR OR RACE: W.

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): Dec. 11 1938

7. AGE: Years: Stillborn; 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.: Infant

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): Kansas City Mo.

FATHER

13. NAME: Waldo O Whitsitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kans.

MOTHER

15. MAIDEN NAME: Viola Grace West.

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

17. INFORMANT (ADDRESS): Waldo O. Whitsitt 7948 Michigan

18. BURIAL, CREMATION, OR REMOVAL: PLACE Williamsburg Kans DATE Dec. 12 38

19. UNDERTAKER (ADDRESS): Lamb & Whitsitt Williamsburg Kans

20. FILED Dec 12, 1938 M. M. Crouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1938, to ....., 19....

I last saw h.... alive on Dec. 11, 1938. Death is said to have occurred on the date stated above, at 10 A m.

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

	Date of onset
Hemorrhagic diathesis	
Neonatorum	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Geo. L. Jones, M. D.

(Address) 80 E. Pasco

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.