MAR 19 1928

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. 398 — File No. 4781
Township ~~Blue~~ — Primary Registration District No. 3019 — Registered No. 73
City Independence Mo (No. 422 W Vanhorn St. 1 Ward)

2. FULL NAME Elizabeth Whaley
(a) Residence. No. 422 West Vanhorn St. 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9th 1905

7. AGE: Years 22 — Months 10 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Chas R Whaley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sharpsburg
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Effie F Franklin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dixie
(STATE OR COUNTRY) Mo

14. INFORMANT Rachel F. Whaley
(Address) 422 W. Van Horn Ford

15. FILED Feb 25 1928 F. L. Cook
Co. Symmons — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 12, 1928, to Feb 19, 1928, that I last saw her alive on Feb 18, 1928, and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
31
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ~~Cath~~ Tubercular
Pneumonia (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) George Fowler, M.D.
2/20, 1928 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Wood Lawn Cem — DATE OF BURIAL: Feb 20 1928
20. UNDERTAKER: Otto and J Mitchell — ADDRESS: Indep 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.