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

Do not use this space.

12737

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 6
Township Law — Primary Registration District No. 201 — Registered No. 6
City Kansas City — No. Genl Hospital #2 — St. — Ward)

2. FULL NAME Della Whitney
(a) Residence. No. 808 Indep. Ave. 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 1888

7. AGE: Years 41 — Months 8 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Gen'l Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: Henry Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Lizzie Wink
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tabla Kansas

14. INFORMANT: Record Clerk
(Address) General Hosp. #2

15. FILED 4/15, 1930 M. M. Crowe Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-11 1930

17. I HEREBY CERTIFY, That I attended deceased from 4 6, 1930 to 4-11, 1930 that I last saw her alive on 4-11, 1930, and that death occurred, on the date stated above, at 3 45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Multiple Sclerosis
108 Lobar Pneumonia
878
936
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chr. Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Clinkhouse
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H M [illegible], M. D
4/11, 1930 (Address) General Hosp. #2

*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: Blue Ridge Lawn — DATE OF BURIAL: 4/15 1930

20. UNDERTAKER: Watkins Bros — ADDRESS: 1729 Lydia

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. No. 2.