

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

Do not use this space.

36146

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 3831 East 56th St.) \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4551  
St. 16 Ward \_\_\_\_\_

**2. FULL NAME** George Wheeler Wimsatt

(a) Residence. No. 3831 East 56th St. St. 16 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Wimsatt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	67	5	7	

8. OCCUPATION OF DECEASED Retired  
Grocery Store Owner  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) Evansville, Ind.  
(STATE OR COUNTRY)

10. NAME OF FATHER Geo. W. Wimsatt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Amanda Wimsatt  
(Address) 3831 East 56th St.

15. FILED 11/9 30 M. M. Brown REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Nov 7, 1930.  
that I last saw him alive on Nov 7, 1930, and that death occurred, on the date stated above, at 8:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

13  
95  
Chronic Myocarditis  
(duration) yrs. 2 mos. ds.

CONTRIBUTORY Chronic nephritis  
(SECONDARY) (duration) yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129 W  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physician Sizer & Saylor  
(Signed) Miller & Root M. D.

11/9/1930 (Address) 914 Medical Bldg  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLEN\* CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah Cemetery DATE OF BURIAL Nov. 10-30

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS Kans 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.

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