

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

Do not use this space.

1499

229

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 4240 Benton Blvd) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME Louie T. Whinery**

(a) Residence, No. Amoret, Mo. St. X Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph T.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/15/1847  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home  
10. Date deceased last worked at this occupation (month and year) 1/33 11. Total time (years) spent in this occupation 64

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Sterling Ky

MOTHER 13. NAME Wm. Donaldson Craig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Susan Kelley

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

17. INFORMANT W. D. Whinery (ADDRESS) 4240 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Amoret, Mo. DATE 1/15 1933

19. UNDERTAKER Geo. H. Long (ADDRESS) RCK

20. FILED 1-14 1933 M. M. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/12 1933

22. I HEREBY CERTIFY, That I attended deceased from January 11 1933, to January 12 1933

I last saw her alive on January 11 1933 Death is said to have occurred on the date stated above, at 12:55a

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

Pulmonary Tuberculosis Indefinite  
22A Probably yrs.  
22B  
22C

Other contributory causes of importance:  
Pulmonary Hemorrhage Sudden

23. Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.

If so, specify \_\_\_\_\_ (Signed) J. F. Harris, M. D.  
(Address) 804 Huron Bldg., Kansas City, Ks.

WRITE PAINLY, WITH UNFADING INK---THIS IS 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.

NO. 2.

Dw Hasing - Museum Bldg  
Rm 2011