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.

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

Do not use this space.

5685

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 100
City Kansas City (No. 3314 E 25th st St. Ward) — File No. — Registered No. 586

48 10 9

2. FULL NAME Jay Kenneth Whitney
(a) Residence, No. 3314 E 25 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Eula Cobb Whitney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26-1893

7. AGE — YEARS 39 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Whitney Bros Plasterers
10. Date deceased last worked at this occupation (month and year) 4332 College
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Iowa

FATHER
13. NAME James Waite Whitney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) think Iowa

MOTHER
15. MAIDEN NAME Nancy Stewart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Iowa

17. INFORMANT (ADDRESS) Mrs Eula Cobb Whitney 3314 E 25th st

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Feby 4 1933

19. UNDERTAKER (ADDRESS) Eylar Funeral Home 1800 Linwood

20. FILED 2/4 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

3 Fri

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 12 15 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic fibrous myocarditis
Acute dilatation of heart.
Pulmonary edema.
Date of onset

Other contributory causes of importance: 93

Name of operation no Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) C. H. Eitch, M. D.
(Address) Deputy Coroner