

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

PLACE OF DEATH

County Lafayette

Township _____

City or Village _____

City or _____ (NO. _____ St.; _____ Ward)

Registration District No. 464

File No. 9703

Primary Registration District No. 4277

Registered No. 12

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

John Oliver Whitsett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF DEATH March 22, 1913
(Month) (Day) (Year)

DATE OF BIRTH Aug 31, 1840
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 14, 1913, to March 22, 1913, that I last saw him alive on March 22, 1913, and that death occurred, on the date stated above, at 3:00 P.M.

AGE 72 yrs. 6 mos. 22 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Arterio-sclerosis (senile)

OCCUPATION (a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) None

97
15 (Duration) about one year yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) Mo 1-02

Contributory (SECONDARY) _____ (Duration) yrs. mos. ds.

NAME OF FATHER Wm M Whitsett

(Signed) J. L. Downing M. D.
Apr 7, 1913 (Address) Odesa, Mo.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky

MAIDEN NAME OF MOTHER Elisabeth Whitsett

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted If not at place of death? _____

(Informant) Wm M Whitsett

Former or usual residence. _____

(ADDRESS) Odesa Mo

PLACE OF BURIAL OR REMOVAL Mt Lebanon DATE OF BURIAL March 24, 1913

Filed Mar 22, 1913, H. Williams REGISTRAR

UNDERTAKER C E Prather ADDRESS Odesa

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of...

**Revised United States Standard Certificate
of Death**

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Lafayette

Township

of Odesa

Village

or

City

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 464

File No. 4

Primary Registration District No. 4277

Registered No. 12

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John Oliver Whitsett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE married
MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Mar. 22, 1913
(Month) (Day) (Year)

DATE OF BIRTH Aug. 31, 1840
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar. 14, 1913, to Mar. 22, 1913, that I last saw him alive on Mar. 22, 1913, and that death occurred, on the date stated above, at 3:45 p.m.

AGE 72 yrs. 6 mos. 22 ds. If LESS than 1 day, ___ hrs. or ___ min.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

arteriosclerosis senile

BIRTHPLACE (City or town, State or foreign country) Ms. Tenn.

(Duration) 1 yrs. ___ mos. ___ ds.

NAME OF FATHER Wm. M. Whitsett

Contributory (necessary) (Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.

(Signed) J. L. Downing M. D.

MAIDEN NAME OF MOTHER Elizabeth Whitsett

April 7, 1913 (Address) Odesa, Mo.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John A. Whitsett

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(ADDRESS) Odesa Mo.

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Filed May 5 1913 H. Williams REGISTRAR

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL Mt. Nebron

DATE OF BURIAL Mar. 24 1913

UNDERTAKER C. E. Prather

ADDRESS Odesa

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

Every item of information should be stated EXACTLY as shown. AGE shown. PHYSICIANS should state name and address.

MARGIN RESERVED FOR BINDING

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

9703