

FEB 2 1928

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

Do not use this space.

1772

1. PLACE OF DEATH

County Livingston  
Township Chillicothe  
City Chillicothe (No. ....)

Registration District No. 908  
Primary Registration District No. 3026

File No. ....  
Registered No. 5  
St. .... Ward)

2. FULL NAME

Jimmi Louise Wilhite

(a) Residence No. 1211 W-third St. 4th Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-22-28

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 1

8. OCCUPATION OF DECEASED

(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

9. BIRTHPLACE (CITY OR TOWN) Chillicothe Mo (STATE OR COUNTRY)

PARENTS  
10. NAME OF FATHER James F Wilhite  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Livingston Mo  
12. MAIDEN NAME OF MOTHER Betha Lee Vaughan 1/23, 1928 (Address) Chillicothe Mo  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT James F Wilhite (Address) Chillicothe Mo

15. FILED 1-24, 1928 Reuben Ross REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-23 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 22 1928, to Jan 23 1928, that I last saw her alive on Jan 22 1928, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Premature - Birth

159 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 161A (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

19. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) R. W. ... M. D.

\*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 Edgewood DATE OF BURIAL 1-24 1928

20. UNDERTAKER P. B. Norman Chillicothe 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.

