MAR 16 1928

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

Do not use this space.

4185

1. PLACE OF DEATH
County Butler. Registration District No. 89 File No.
Township Primary Registration District No. 3007 Registered No. 31
City Poplar Bluff. (No. St. Ward)

2. FULL NAME Gusta A. Whitmer.
(a) Residence. No. Clara & Center St., Ward.
(Usual place of abode) Lucy Lee Hosp. (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 F.
4. COLOR OR RACE W-
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1893

7. AGE Years 34 Months 8 Days 26 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Illinois.

PARENTS
10. NAME OF FATHER John T. Hood.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) not known

14. INFORMANT John C. Whitmer
(Address) Poplar Bluff Mo.

15. FILED 2-29 1928 W. S. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/15 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1928, to Feb 15, 1928 that I last saw him alive on Feb 15, 1928 and that death occurred, on the date stated above, at 12:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis
121B 117B
129
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Peritonitis & abscess
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-1-28
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
2/15, 1928 (Address) Poplar Bluff Mo

*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 City Cemetery
DATE OF BURIAL 2/17 1928

20. UNDERTAKER
ADDRESS Frank Und-Co- Poplar Bluff.

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.