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

Do not use this space.

File No. 5394

Registered No. 24

1. PLACE OF DEATH

County: Jasper

Township: ~~Hopkins~~ Webb City

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 417

Primary Registration District No. 3021

2. FULL NAME George Dewey Witherspoon

(a) Residence. No. 511 North Ball St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

MAR 19 1928

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10th. 1898

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30		18	

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

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

PARENTS

10. NAME OF FATHER James Witherspoon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dayton (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Laura Yancey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Everton (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. E. G. Hawkins
(Address) 511 north Ball St.

15. FILED 2-28-19 28 R. M. Stemmons
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28th. 19 28

17. I HEREBY CERTIFY, That I attended deceased from 2-8 19 28 to 2-28 19 28 that I last saw ~~him~~ alive on 2-28 19 28 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) O. A. Dumfanil, M. D.

2-28 19 28 (Address) Webb City 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: Carterville — DATE OF BURIAL: 2/29/28 19

20. UNDERTAKER: Steel Funeral Home — ADDRESS: Webb City Mo

Dr. Dumbau