1 1928

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

Do not use this space.

13722

1. PLACE OF DEATH
County: Jasper — Registration District No. 411 — File No.
Township: — Primary Registration District No. 2002 — Registered No. 184
City: Joplin, Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Miss Josephine P. Whitney
(a) Residence. No. 2127 Ky. Ave. Ward.
(Usual place of abode) (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: Fem
4. COLOR OR RACE: Wh.
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): Aug. 31-1875
7. AGE: 52 Years — Months: 7 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Invalid
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hiawatha Kan.

PARENTS
10. NAME OF FATHER: A. C. Whitney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Vermont
12. MAIDEN NAME OF MOTHER: Josephine Parnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Mrs. J. F. Edwards
(Address) 2127 Ky. Ave.

15. FILED 4/10, 1928 Dr. A. Benson, Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 9 1928
17. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1927, to Apr. 9, 1928, that I last saw her alive on Apr. 9, 1928, and that death occurred, on the date stated above, at 11 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Valvular Heart Disease
900
(duration) 2 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) ..... (duration) — yrs. — mos. — ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) H. C. Lowry, M.D.
4/10, 1928 (Address) Joplin 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: Whitesboro, Kas. — DATE OF BURIAL: Apr. 11 1928
20. UNDERTAKER: Frank Sievers Co. — ADDRESS: Joplin 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.