-28 1928

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

Do not use this space.

1. PLACE OF DEATH
County Phelps — Registration District No. 178 — File No. 24731
Township Merrimac — Primary Registration District No. 5906 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Elijah M. McWhorter
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Joy McWhorter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 9, 1889

7. AGE: Years 39 — Months 5 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Merrimac Township

PARENTS
10. NAME OF FATHER: L. M. McWhorter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ozark Co. Mo.
12. MAIDEN NAME OF MOTHER: Nancy Laney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co. Mo.

14. INFORMANT: L. M. McWhorter
(Address): Seaton Mo

15. FILED 7/21, 1928 Henry F. Wolters, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4 1928

17. I HEREBY CERTIFY That I attended deceased from no Doctor there 1918, to ..... 19..... that I last saw h..... alive on ....., 1928 and that death occurred, on the date stated above, at 4:28 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
80
9 V A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Locomotor Ataxia
(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) A. Sidney McFarland, M. D
7/21, 1928 (Address) Rolla, 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: Morrison Cemetery — DATE OF BURIAL: July 5 - 1928

20. UNDERTAKER: Walter Adams — ADDRESS: Seaton 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.