

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

Do not use this space.

30194

1. PLACE OF DEATH

County Chariton
Township Courset
City (No. 5477)

Registration District No. 314
Primary Registration District No. 4190

File No. _____
Registered No. 31
St. _____ Ward _____

2. FULL NAME

Mrs Mary M. Whorton

(a) Residence No. Y St. _____ Ward _____
(Usual place of abode)

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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED Widowed
(OR) WIFE OF Thos M. Whorton, deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27, 1959

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>3</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Saline CO
(STATE OR COUNTRY) MO

PARENTS	10. NAME OF FATHER <u>Mrs.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Mrs.</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)

14. INFORMANT J. D. M. Whorton
(Address) Stouffer 2nd

15. FILED 9/28 28 C. B. Bena
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/27 19 28

17. I HEREBY CERTIFY That I attended deceased from 8-24, 1928, to 27, 1928, and that I last saw him alive on Sept 28, 1928, and that death occurred, on the date stated above, at 12:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Insufficiency

CONTRIBUTOR (SECONDARY) 900
(duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) [Signature], M. D.
, 19 (Address) Stouffer 2nd

*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 High Ridge Cemetery DATE OF BURIAL 9/29 19 28
(Address) Stouffer 2nd

20. UNDERTAKER Edwin H. Phelan ADDRESS Stouffer 2nd

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.

RECORD

26 1928

