

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

Do not use this space.

41432-1

1. PLACE OF DEATH
 County Johnson Registration District No. 424
 Township Stark Primary Registration District No. 5581
 City Warrensburg (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 18

2. FULL NAME Nancy Jane Whiteman
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF B. L. Whiteman
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 - 1874
 7. AGE YEARS 54 MONTHS 3 DAYS 2 If LESS than 1 day, ____ hrs. or ____ min.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1928
 17. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1928 to Dec. 11 1928 that I last saw h. _____ alive on Dec. 11, 1928, and that death occurred, on the date stated above, at 12:50 P.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy

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

CONTRIBUTORY (SECONDARY) 808 W. Main (duration) 9 mos. da.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER Joseph Huckaby
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Jane Buchley
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Did an operation precede death? no DATE OF _____
 Was there an autopsy? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. L. Gills, M. D.
 , 19 (Address) Magnolia, Mo.

14. INFORMANT B. L. Whiteman
 (Address) Warrensburg, Mo
 15. FILED 12/11/28 W. H. Washburn REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bear Creek Cemetery DATE OF BURIAL Dec 13 1928
 20. UNDERTAKER M. Goodman ADDRESS Holden 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.

