

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

Do not use this space.

2890

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Edalia

Primary Registration District No. 3032

City Edalia

File No. _____

Registered No. 40

St. _____

Ward) _____

2. FULL NAME

(a) Residence No. 423 N. Mill St. 2

(Usual place of abode)

Ward.

Length of residence in city or town where death occurred yrs. 9 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

male

4. COLOR OR RACE

negro

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

widowed

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

widowed unknown

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

1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

about 63

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Preacher

(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)

Pettis Co. Mo.

10. NAME OF FATHER

James Whittey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Leont Kuen

12. MAIDEN NAME OF MOTHER

Leont Kuen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Leont Kuen

14.

INFORMANT

(Address)

Wm Whittey
423 N. Mill St

15.

FILED

1-30, 1929

J. L. M.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

1-28 1929

I HEREBY CERTIFY, That I attended deceased from body, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Insufficiency of mitral valve of heart

CONTRIBUTORY (SECONDARY)

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)

W. J. Bishop, Coroner
Edalia

*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

DATE OF BURIAL

Georgetown, Mo.

Feb 1 1929

20. UNDERTAKER

ADDRESS

Wm. Alliance

Edalia

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.

FEB 23 1929

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