

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

Do not use this space.

13756

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAILED 23  
 4  
 7

1222

1. PLACE OF DEATH  
 County Andrew Registration District No. 26  
 Township Patton Primary Registration District No. 3.002  
 City Minia (No. ....) St. .... Ward)

2. FULL NAME Infant Elizabeth Wilhoit  
 (a) Residence. Waudalia Mo St. .... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 - 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>29</u>	<u>2</u>	<u>19</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Arkley  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Harmon - Merical

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arkley  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Wendell Case

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Hartford  
 (STATE OR COUNTRY) Mo

14. INFORMANT William H. Wilhoit  
 (Address) Waudalia Mo

15. April 19, 1929 Ina S. Milligan  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1929

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1929, to April 19, 1929, that I last saw her alive on April 18, 1929, and that death occurred, on the date stated above, at 4:45 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
General Sepsisemia  
following puerperal infection  
1450 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Waudalia, Mo  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings  
 (Signed) H. A. Pracht M. D.  
4/19/1929 (Address) Waudalia, 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 Waudalia Mo Cem DATE OF BURIAL 4-21 1929

20. UNDERTAKER H A Pracht & Son ADDRESS Minier Mo

