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

Do not use this space.

950

B 18 1930

4/5

1. PLACE OF DEATH

County Howard — Registration District No. 380 — File No.

Township Franklin — Primary Registration District No. 5530 — Registered No. 6

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Oscar Whitlock

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14—1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	3	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Howard Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Whitlock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Elizabeth Watkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. D. D. Averyt
(Address) Oklahoma

15. FILED Jan 31, 1930 — B. Fleck, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1930 to Jan 22, 1930 that I last saw him alive on Jan 22, 1930 and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peptic ulcer Perforated
Peritonitis
~~2~~ (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) myocarditis
unknown over 10 years
(duration) ..... yrs. ..... mos. ..... ds.
Endocarditis 10 years

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) G. L. Chamberlain, M. D.
Jan 31, 1930 (Address) New Franklin 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	DATE OF BURIAL
Mt. Pleasant Cemetery in Howard County	Jan 26 1930
20. UNDERTAKER	ADDRESS
Guy T. Halley	Fayette MO

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.