

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

Do not use this space.

4198

APR 23 1930

**1. PLACE OF DEATH**

County Butler  
Township Beaver Dam  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 87  
Primary Registration District No. 5-129

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Amon T. Whitener**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs.  mos.  ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 0 27

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Whitener

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Carolina  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Harry Whitener  
(Address) Route #2 Poplar Bluff, Mo.

15. FILED 2/8 30 M. M. Lane  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7, 1930

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19\_\_\_\_  
No attendance  
that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 5:00 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

arteriosclerosis  
71 (duration) Unknown ds.

CONTRIBUTORY (SECONDARY) 910 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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? history of case  
Grover Green - coroner  
(Signed) \_\_\_\_\_ M. D.

2/7, 1930 (Address) Poplar Bluff, 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 Kinder cemetery in  
Ballinger Co. DATE OF BURIAL Feb. 9, 1930

20. UNDERTAKER A. W. Greer ADDRESS Poplar Bluff, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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