

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

Do not use this space.

8206

1. PLACE OF DEATH

County Darwin Registration District No. 250
 Township Gallatin Primary Registration District No. 4150
 City Gallatin (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 562

2. FULL NAME

William E. Whitt
 (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 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 5-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 ✓ 21

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) agriculture
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darwin Co. Mo.

10. NAME OF FATHER James Whitt

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

12. MAIDEN NAME OF MOTHER Anna Linsdale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Darwin Co. Mo.

14. INFORMANT Linda M. Plasc. (Address) 524-W. Elm - End, Okla.

15. FILED 3/30, 1930 P. Gardner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 5th, 1930, to Mar. 24, 1930, that I last saw he alive on Mar. 24, 1930, and that death occurred, on the date stated above, at 8:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease
137-12 (duration) Don't know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129 (duration) yrs. mos. ds.

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) L. R. Boolsin, M. D.
3/29, 1930 (Address) Gallatin 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 M. Cray DATE OF BURIAL 3/28-1930

20. UNDERTAKER H. A. Hope ADDRESS Gallatin

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.

APR 28 1930

