

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.

BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

14983

**1. PLACE OF DEATH**

County Saline Registration District No. 772  
 Township Arrow Rock Primary Registration District No. 4473  
 City Arrow Rock (No. \_\_\_\_\_)

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

**2. FULL NAME**

Name Un-named Whitehurst  
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>X</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 21, 1930</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>X</u>	<u>Y</u>	<u>✓</u>	<u>Y</u>
If LESS than 1 day, <u>3</u> hrs. or _____ min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>X</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>X</u>			
(c) Name of employer _____			
9. BIRTHPLACE (CITY OR TOWN) <u>Arrow Rock</u> (STATE OR COUNTRY) <u>Mo</u>			
10. NAME OF FATHER <u>William F. Whitehurst</u>			
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Boonville</u> (STATE OR COUNTRY) <u>Mo</u>			
12. MAIDEN NAME OF MOTHER <u>Hattie Grace Thurston</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Hapton</u> (STATE OR COUNTRY) <u>Mo</u>			

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1930  
 17. I HEREBY CERTIFY, That I attended deceased from April 21, 1930, to April 21, 1930  
 that I last saw him alive on April 21, 1930, and that death occurred, on the date stated above, at 11:20 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Premature (7 Months)  
Mother had Measles and Fever (duration) X yrs. X mos. 1 da.  
 CONTRIBUTORY Measles (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IN HOME OR PLACE OF DEATH? X  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) C. L. Lawless M. D.  
 (Address) 222 Marshall 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. (See reverse side for additional space.)

14. INFORMANT Early Thomas  
 (Address) Arrow Rock Mo  
 15. FILED 4-25-30 C. L. Lawless  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul DATE OF BURIAL Apr. 29 1930  
 20. UNDERTAKER Shurgley - Newton ADDRESS Unionville Mo

970

