32376 a

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

Do not use this space.

32376 a

JAN 19 1931

1. PLACE OF DEATH
County Christian
Township Finley
City Ozark Mo R.R. (No. ..... St. ..... Ward)

Registration District No. 184
Primary Registration District No. 6263

File No. .....
Registered No. 97

2. FULL NAME Prudence R. Whittington

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 21 1842

7. AGE — YEARS: 88 MONTHS: 0 DAYS: 22 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

PARENTS
10. NAME OF FATHER: John Fulkerson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Martha Chandler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: S. F. Chapman
(Address) Nixa Mo. R.R.

15. FILED Dec 1 1930 Loretta Leonard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 13th 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to Oct 13, 1930 that I last saw her alive on Oct 13, 1930, and that death occurred, on the date stated above, at 3 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Edema
92 A
111 B
..... (duration) ..... yrs. ..... mos. 4 or 5 hours ds.

CONTRIBUTORY (SECONDARY) Chronic Valvular disease of heart ..... (duration) 1 1/2 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? .....
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) W. B. Nelson, M. D.
Oct 14 1930 (Address) Nixa 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: Richwood Cemetery
DATE OF BURIAL: Oct 14th 1930

20. UNDERTAKER: T. B. Chaffin
ADDRESS: Ozark, Mo.

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.