DEC 22 1930

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

Do not use this space.

36528

1. PLACE OF DEATH

County Jasper — Registration District No. 410 — File No.

Township — Primary Registration District No. 2002 — Registered No. 486

City Joplin (No. 112 N John St. Ward)

2. FULL NAME George Daniel Whitney

(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: m

4. COLOR OR RACE: w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 22 - 1859

7. AGE: YEARS 71 — MONTHS 6 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) West Salem
(STATE OR COUNTRY) Wisconsin

PARENTS

10. NAME OF FATHER Chas Whitney

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

12. MAIDEN NAME OF MOTHER Lucy Taft.

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

14. INFORMANT Family
(Address)

15. FILED 11/4, 1930 A Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-2-1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1930, to Nov 5, 1930 that I last saw him dead alive on Nov 5, 1930, and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown - Natural causes - No violence

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 205 W

(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) Lem Simmons, M. D.

Nov 5, 1930 (Address) Coroner Jasper Co

*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: Mem Park Cem — DATE OF BURIAL: 11/5 1930

20. UNDERTAKER: Hurlbut Lucas — ADDRESS: Joplin 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.