

NOV 26 1930

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

Do not use this space.

36779

1. PLACE OF DEATH

County Mason Registration District No. 547
Township Mason Primary Registration District No. 3029
City Hannibal, Mo. No. 12337 Broadway

File No. _____
Registered No. 2921
St. 6 Ward _____

2. FULL NAME Harry Whenton

(a) Residence No. 12337 Broadway St. 6th Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 7 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pellie Rule
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45

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

9. BIRTHPLACE (CITY OR TOWN) Allentown
(STATE OR COUNTRY) Penn.

PARENTS
10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____

14. INFORMANT Mark Elizabeth Whenton
(Address) Hannibal, Penn.

15. FILED 11/6 1930 E. J. Clausen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1930, to Nov - 6, 1930 that I last saw him alive on Nov 5, 1930, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Nephritis
Ecchymose of Rectum (lethal)
General intestinal obstruction
due to regurgitating gas pressure.
(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) 4 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF: _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? urine and etc
(Signed) W. J. Tracey, M. D.
. 19 30 (Address) Hannibal, 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 Allentown, Penn. DATE OF BURIAL Nov. 8 1930

20. UNDERTAKER Roy P. Schwartz ADDRESS Hannibal, Mo.

