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.

FEB 23 1932

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

Do not use this space.

40398-B

File No.

Registered No. 44

1. PLACE OF DEATH

County: Cedar — Registration District No.: 166

Township: So. Lynn — Primary Registration District No.: 6231

City: ~~Nor. Osceola~~ (No. ..... St. ..... Ward)

2. FULL NAME: William T. Whitley

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

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: Male

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Sarah Ann Whitley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 16 1841

7. AGE: Years 90 — Months 9 — Days 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lynn Co. Mo.

FATHER

13. NAME: — — Whitley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER

15. MAIDEN NAME: Tolliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): O. E. Whitley Arcola Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Amer Cem. DATE: Dec. 18 1931

19. UNDERTAKER (ADDRESS): J. W. Ward. Greenfield, Mo.

20. FILED: Feb 1932 E. S. Smith Registrar. Mary Boyles

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 16 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw him alive on Nov, 19 31 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute indigestion and Cerebral Hemorrhage,	
8220	
115	

Other contributory causes of importance: Heart death was instantly. No Dr was present.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible] Mo.