

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

Do not use this space.

933 ²

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 5 Township Blue Primary Registration District No. 3019
 8 City Independence (No. 808 W. White Oak) St. _____ Ward _____

2. FULL NAME George W. Whiting
 (a) Residence, No. 808 W. White Oak 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 years

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) Sheldon, Mo.

FATHER 13. NAME Sylvester Whiting
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Ellen A. Whiting
808 W. White Oak

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Worship House DATE Jan 14 - 32

19. UNDERTAKER (ADDRESS) Garson Funeral Home
Independence, Mo.

20. FILED Jan. 12, 1932 H. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Jan 12, 1932
 I last saw him alive on Jan 11, 1932. Death is said to have occurred on the date stated above, at 1:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset 1931
Myocardial Degeneration 1931

Other contributory causes of importance: _____

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? NO
 If so, specify _____
 (Signed) Chas. G. Grasse, M. D.
 (Address) Independence, 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.

FEB 24 1932

MAR 14 1968

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