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

Do not use this space.

File No. 12148 ~~13148~~

Registered No. 14-'32

35

1. PLACE OF DEATH

County Dunklin — Registration District No. 290

Township Salem. — Primary Registration District No. 5408

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Robert Leroy McWherter

(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.

APR 6 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb.25, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	1	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(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) Malden, Mo.

PARENTS

10. NAME OF FATHER Joe Mac McWherter

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

12. MAIDEN NAME OF MOTHER Mary Goodwin.

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

14. INFORMANT Mrs. P.R.Smith.
(Address) Senath, Mo.

15. FILED 4-9, 1932 A. Glenn Harris
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) APRIL 3, 1932

17. I HEREBY CERTIFY, That I attended deceased from 3/31/32, 19..., to 3/31/32, 19..., that I last saw him alive on 3/31/32, 19..., and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Septic Pneumonitis.
(Lobar type).

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Septicemia, arising from an infection of face, origin on lateral side of nose. (left)
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) A. Glenn Harris, M. D.

4-3, 1932 (Address) Senath, 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	DATE OF BURIAL
Senath, Cemetery	April 3, 1932
20. UNDERTAKER	**ADDRESS**
McDaniel Furn. Co.	Senath, Mo.