

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

Do not use this space.

18526

1. PLACE OF DEATH

112 County Wheeler
Township Agart
City _____ (No. _____)

Registration District No. 896
Primary Registration District No. 6198

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME Claud Whithurst

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932, to May 5, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1891

I last saw h.i.m. alive on May 5, 1932. Death is said to have occurred on the date stated above, at 10-10 P.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 11 29

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

Chronic Glomerulonephritis Date of onset _____

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 _____

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Other contributory causes of importance: ①

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

Name of operation No Date See below
What test confirmed diagnosis Laboratory Was there an autopsy? No

MOTHER FATHER 13. NAME J. H. Whithurst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

15. MAIDEN NAME Gertrude Eaton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

17. INFORMANT Jewell C. Whithurst
(ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall DATE May 6, 1932

19. UNDERTAKER Ed W. Mohan
(ADDRESS) Marshall Mo

20. FILED 5/31, 1932 J. P. Bruce
Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) Dr. Macdonnell, M. D.
(Address) Marshall, Mo.

