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.

JUL 27 1932

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

Do not use this space.

21707

1. PLACE OF DEATH

103 County Stoddard — Registration District No. 840 — File No.

Township Duck Creek — Primary Registration District No. 6102 — Registered No. 25

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

2. FULL NAME Mary Elizabeth Whitesell

(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

3. SEX F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 1st 1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	3	20	

OCCUPATION

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

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) Puxico Mo

FATHER

13. NAME Cecil Whitesell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vanduer Mo

MOTHER

15. MAIDEN NAME Esther Murdock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Mo

17. INFORMANT (ADDRESS) Cecil Whitesell Puxico Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Duck Creek Cemetary DATE June 22 1932

19. UNDERTAKER (ADDRESS) Hickman White Store Co Puxico Mo

20. FILED June 22 1932 E L Hope Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932, to June 21, 1932

I last saw her alive on June 21, 1932. Death is said to have occurred on the date stated above, at 6 20 a.m.

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

Colitis of bowels and whooping cough

Date of onset

9

1198

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) E L Elmore, M. D.

(Address) Puxico Mo