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.

21747

1. PLACE OF DEATH

108 County Vernon Registration District No. 874

Township Moundville Primary Registration District No. 6151

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

File No. .....

Registered No. .....

2. FULL NAME Wilma Jean Whitworth

(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. 9 hrs How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-2-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 9 hrs. or ..... min.

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) Bronaugh Mo

FATHER

13. NAME Herbert Whitworth

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

MOTHER

15. MAIDEN NAME Edna Shields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co Mo

17. INFORMANT (ADDRESS) Herbert Whitworth

18. BURIAL, CREMATION, OR REMOVAL Burial

PLACE Welborn DATE June 3, 1932

19. UNDERTAKER (ADDRESS)

20. FILED 6-3-, 1932 W C Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-2-, 1932, to 6-2-, 1932

I last saw her alive on 6-2-, 1932 Death is said to have occurred on the date stated above, at 4P m.

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

Inanition and Meningoencephalocele

Date of onset —

Other contributory causes of importance: —

157 B

Name of operation none 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) T. D. Combs, M. D.

(Address) Bronaugh