

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

Do not use this space.

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21689

1. PLACE OF DEATH Standard
 County Standard Registration District No. 836
 Township Bernie Primary Registration District No. 4507
 City Bernie (No. St. Ward)

2. FULL NAME Mary Jane Whitlock
 (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.

File No. 97
 Registered No. 97

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Var. Marion Whitlock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-7-1858</u>		
7. AGE <u>73</u>	YEARS <u>10</u>	MONTHS <u>15</u>
		DAY <u> </u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>Standard Mo</u>		
MOTHER	13. NAME <u>Mrs Pittle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Lidia Davis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>Suther Whitlock</u> (ADDRESS) <u>Bernie Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cem.</u> DATE <u>6-24</u> 19 <u>32</u>		
19. UNDERTAKER <u>B.M. Hopkins</u> (ADDRESS) <u>Bernie Mo</u>		
20. FILED <u>June 24 1932</u> <u>G. Louise Reese</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1932, to 6-23 1932
 I last saw her alive on 6-22 1932 Death is said to have occurred on the date stated above, at 1:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Malaria Date of onset 1925

Other contributory causes of importance:
Senility (D)

Name of operation Date of
 What test confirmed diagnosis? Symptoms 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) J. H. Liddle M. D.
 (Address) Bernie Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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