

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.

SEP 26 1932

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

Do not use this space.

6685
6988

1. PLACE OF DEATH
80 County Pitts Registration District No. 6685
4 Township Sulpha Primary Registration District No. 3032
8 City Barrett (No. 1304)
2. FULL NAME Kate Whitlow
(a) Residence, No. Blackwater No. 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S. G. Whitlow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 1854</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>8</u>	DAYS <u>3</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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>Mo 1</u>		
13. NAME <u>Geo Krangel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>		
15. MAIDEN NAME <u>unk</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>		
17. INFORMANT <u>Gracie Gillespie</u>		
(ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>8/30</u> 19 <u>32</u>		
19. UNDERTAKER <u>Gillespie</u> <u>Fun Home</u>		
(ADDRESS)		
20. FILED <u>8-29</u> 19 <u>32</u> <u>J. L. Love</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27, 1932
22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1932 to 8-27, 1932
I last saw her alive on 8/27, 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral shock
(apoplexy)
87 H
102
Other contributory causes of importance:
Hypertensive Disease
Name of operation none Date of 8-27
What test confirmed diagnosis? ① 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) D. D. Dyer, M. D.
(Address) Sulpha, Mo

