

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

Do not use this space.

36162

1. PLACE OF DEATH

County Jesserson Registration District No. 421
 Township Plantation Primary Registration District No. 5576
 City (No.) St. Ward)

File No.
 Registered No. 13

2. FULL NAME

S. H. Whitt
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Whitt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-16-1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 12

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Co., Ohio

FATHER 13. NAME Anderson Whitt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown?

MOTHER 15. MAIDEN NAME Marguerite DeLatter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Emma Whitt
 (ADDRESS) Darby Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Darby Cemetery Mo 30, 1932

19. UNDERTAKER High Wanda Co.
 (ADDRESS) 425 1/2 Mo

20. FILED 11/29/32 J. C. Rutledge
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1930 to Nov 28, 1932
 I last saw him alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at 1 a m.

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

Chronic interstitial Nephritis -
Chronic Bronchitis

Date of onset 1929

Other contributory causes of importance:

131
10 10 13 / 31

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?
 If so, specify J. E. Rutledge, M. D.
 (Signed) J. E. Rutledge
 (Address) Festus, 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.

441 8 1532

