MAR 6 1933

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.

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

Do not use this space.

8178

File No.....

Registered No.....

1. PLACE OF DEATH 100 County Scott Co. Registration District No. 11VV

Township Kelso Primary Registration District No. 6065a

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

2. FULL NAME Katherine Wilson Whitting

(a) Residence, No. Illmo St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. 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): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED, ~~HUSBAND OF~~ (OR) WIFE OF James Scott Whitting

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7- 1855

7. AGE: Years 77 Months 2 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Perry Co. Ind.

FATHER

13. NAME James Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Ky

MOTHER

15. MAIDEN NAME Kitty Ann Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Mrs J. W. Landis
(ADDRESS) Illmo Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Illmo Ind. DATE 2-6 1933

19. UNDERTAKER Bissell & Hoffmeister
(ADDRESS) .....

20. FILED 2-4 1933 G. T. Owen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Sept.~~ Jan. 27 1933, to Feb. 3 1933

I last saw him alive on Jan. 29 1933. Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) G. T. Owen, M. D.

(Address) Illmo