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

Do not use this space.

12193

1. PLACE OF DEATH — County: Worth — Registration District No. 903 — File No.
Township: Grant City — Primary Registration District No. 4545 — Registered No. 7
City (No. St. Ward)

2. FULL NAME Chelsea L. Willhite

(a) Residence. No. Grant City Mo 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 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Chelsa L. Willhite

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-14-1895

7. AGE — YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
37	10	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Garage
(b) General nature of industry, business, or establishment in which employed (or employer): Part Owner
(c) Name of employer: Gold Cars

9. BIRTHPLACE (CITY OR TOWN) Grant city
(STATE OR COUNTRY) North Co Mo

PARENTS

10. NAME OF FATHER Albert Willhite
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grant City
(STATE OR COUNTRY) North Co Mo
12. MAIDEN NAME OF MOTHER Sadie Baynes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) North Co Mo

14. INFORMANT John Andrews
(Address) Grant City Mo

15. FILED 3-29-1933 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to 3-21 1933
that I last saw h.... alive on 3-20 1933 and that death occurred, on the date stated above, at 3:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar
510 1 B
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Secondary to
Pneumonia Lobar Testicle yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? V
DID AN OPERATION PRECEDE DEATH? NO DATE OF V
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? X Ray

(Signed) R. L. Ward, M. D
3-21, 1933 (Address) Grant City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Grant City Cemetery	3-22 1933
20. UNDERTAKER	ADDRESS
Andrews Bros by John Andrews	Grant City 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.