

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

Do not use this space.

1. PLACE OF DEATH

95 County Clinton Registration District No. 205
Township Atchison Primary Registration District No. #123
City (No. 538) St. _____ Ward _____
Registered No. 16047

2. FULL NAME

Millard Fillmore Whitson
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2, 1858</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>10</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</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>Clinton Co. Mo</u>		
13. NAME <u>John Whitson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Co. Mo</u>		
15. MAIDEN NAME <u>Nancy Pateet</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Co. Mo</u>		
17. INFORMANT (ADDRESS) <u>Paul Sawyers, 410</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Allen, Sawyer</u> DATE <u>May 4 33</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Sullins, Sawyer, Mo.</u>		
20. FILED <u>5/3</u> , 19 <u>33</u> <u>J. S. Sullins</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933, to May 2, 1933
I last saw him alive on May 2, 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis Date of onset Dec 1932
Coronary Occlusion Mar 13 1933

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Symptoms Was 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? _____
If so, specify _____
(Signed) W. B. Sullins, M. D.
(Address) Clinton, Mo

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.

MAY 22 1933

