

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

146

17147

**1. PLACE OF DEATH**

County Morgan county Registration District No. 547 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3019 Registered No. 146  
 City Hannibal (No. 1101) Union St. 4th Ward

**2. FULL NAME**

Josiah Whiteside  
 (a) Residence No. 1101 Union St. 4th 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 (name) Odessa Knox  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 - 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 | 11 | 20 | \_\_\_\_\_  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Whiteside Mo.  
 (STATE OR COUNTRY) Lincoln County  
 10. NAME OF FATHER William Whiteside  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Eliza Ann Robinson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

14. INFORMANT R. F. Whiteside  
 (Address) Foley, Mo.  
 15. FILED 5/16 1933 B. E. Couser's  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-15 1933  
 17. I HEREBY CERTIFY That I attended deceased from 4-15, 1933, to 5-15, 1933  
 that I last saw him alive on 5-15, 1933, and that death occurred, on the date stated above, at 10:07 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Stomach

4-6 (duration) yrs. 6 mos. ds.  
 CONTRIBUTORY Pyloric obstruction  
 (SECONDARY) (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? Foley, Mo.  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam  
 (Signed) Seward B. Goodrich, M. D.  
5-15, 1933 (Address) Hannibal, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL near Elsberry Mo.  
Star Hope Cem. DATE OF BURIAL May 17 1933  
 20. UNDERTAKER Clifton Miller ADDRESS Elsberry Mo.

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.

JUN 23 1933

