

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

Do not use this space.

25887

1. PLACE OF DEATH

County Cass Registration District No. 156
 Township Grand River Primary Registration District No. 11090
 City Harrisonville St. _____ Ward _____

2. FULL NAME

Mary Tatum Whitsett
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew A. Whitsett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 8 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Maker
 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) Glasgow, MO.

13. NAME George H. Tatum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Marial Louisa Hume

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

17. INFORMANT (ADDRESS) Mrs Theo. Sweitzer Harrisonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Orient DATE Aug 19 1933

19. UNDERTAKER (ADDRESS) Burroughs Bros Co Harrisonville Mo

20. FILED 8718 1933 A. S. Long Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Aug 17 1933
 I last saw her alive on Aug 12 1933 Death is said to have occurred on the date stated above, at 12:30 am

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

Myocarditis with secondary Anaemia

Other contributory causes of importance: 931 412 931

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 _____

(Signed) W. H. Scott M. D.

(Address) Harrisonville 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.

SEP 26 1933

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