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.

OCT 20 1933

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

Do not use this space.

30437

1. PLACE OF DEATH

75 County Oregon — Registration District No. 632 — File No.

3 Township — Primary Registration District No. 4382 — Registered No. 21

City Thayer (No. , St. Ward)

6 2. FULL NAME Clarence Oscar Whitby

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

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Alice McRelland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-1-1895

7. AGE: YEARS 38 — MONTHS 1 — DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brakeman
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): West Plains Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Molly Whitby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Alice Whitby

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thayer Mo DATE Sept-11 1933

19. UNDERTAKER (ADDRESS): Leo Carr

20. FILED 9-11 1933 George Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1931, to Sept 9, 1933

I last saw him alive on Sept 7, 1933. Death is said to have occurred on the date stated above, at 10:00 p.m.

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

	Date of onset
Myocarditis Chronic	Jan 1931
Ruptured Compensation	Jan 1932
Other contributory causes of importance:	
Acute Nephritis	June 1932

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? No

If so, specify

(Signed) F. A. Barnes, M. D.

(Address) Thayer Mo.