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

Do not use this space.

30534

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.

NOV 10 1933

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1. PLACE OF DEATH
County Pettis Registration District No. 670 File No.
Township Heath Creek Primary Registration District No. 5896 Registered No.
City (No. Nelson RR #2 St. Ward)

2. FULL NAME Samuel N. Wilhit

(a) Residence, No. Nelson RR #2 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male — 4. COLOR OR RACE: White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1933
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy A. Wilhit	22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1933 to Sept. 15, 1933
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1870	I last saw him alive on Sept. 15, 1933 Death is said to have occurred on the date stated above, at 12:10 P.m.
7. AGE: YEARS 63, MONTHS 3, DAYS 16. If LESS than 1 day, ...hrs. or ......min.	The principal cause of death and related causes of importance were as follows: (Date of onset) Mitral Insufficiency; Chronic Nephritis
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	131 / 82A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	131
10. Date deceased last worked at this occupation (month and year) Dec 6 1932 — 11. Total time (years) spent in this occupation 41 yrs	Other contributory causes of importance:
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana	Name of operation .... Date of ......
FATHER 13. NAME L. Wilhit	What test confirmed diagnosis? .... Was there an autopsy? No
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .... Date of injury ......, 19...
MOTHER 15. MAIDEN NAME Susan Henderson	Where did injury occur? .... (Specify city or town, county, and State)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana	Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT Mrs. N. A. Wilhit (ADDRESS) Nelson RR #2	Manner of injury ....
18. BURIAL, CREMATION, OR REMOVAL PLACE Heath Creek DATE 9-16 1933	Nature of injury ....
19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo	24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....
20. FILED Oct 22 1933 Flossie Ferguson, Registrar.	(Signed) J. D. Provost, M. D. (Address) Longwood Mo

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