E. Chapman

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

Do not use this space.

33942

File No.

Registered No. 125

Registration District No. 631

Primary Registration District No. 5862

1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City Steele Mo (No. St. Ward)

2. FULL NAME Sammie I Whitney

(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

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) Charleston Mo

FATHER

13. NAME Ed Whitney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballongreen Ky

MOTHER

15. MAIDEN NAME Lucy Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Ky.

17. INFORMANT Ed Whitney
(ADDRESS) Steele, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Steele DATE Oct. 4, 1933

19. UNDERTAKER Henson and Co
(ADDRESS) Steele Mo

20. FILED Nov. 15, 1933 Ada Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on 10-3, 1933. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

	Date of onset
Malaria	
119 Colitis with a	
30 General debilitation	
15-0	

Other contributory causes of importance:

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) J. R. Chapman, M. D.

(Address) Steele 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.