

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

Do not use this space.

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1. PLACE OF DEATH *Oak Grove*
 County *Franklin* Registration District No. *5-364*
 Township *Oak* Primary Registration District No. *262*
 City (No. _____) St. _____ Ward _____

2. FULL NAME *Elizabeth J. Whetsell*
 (a) Residence No. _____ St. _____ Ward *County, Mo.*
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred *50* yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 *Franklin Whetsell*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb-19-1841*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
92 10 23

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Gen. Housework*
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) *1-12 1934*

17. I HEREBY CERTIFY, That I attended deceased from *1-10 1934* to *1-12 1934*
 I last saw her alive on *1-10-34*, 19____, and that death occurred, on the date stated above, at *7:45 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

9. BIRTHPLACE (CITY OR TOWN) *Winston*
 (STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *Nathaniel Hallam*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Unknown*
 (STATE OR COUNTRY) *Ill.*

12. MAIDEN NAME OF MOTHER *Mary Boydston*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Unknown*
 (STATE OR COUNTRY) *Ill.*

CONTRIBUTORY (SECONDARY) *95* (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *E. M. Reynolds*, M. D.
1/12, 1934 (Address) *Union St. No. _____*

14. INFORMANT *W. J. Whetsell*
 (Address) *County, Mo.*

15. FILED _____ 19____ REGISTRAR _____

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Oak Grove* DATE OF BURIAL *1/14 1934*

20. UNDERTAKER *H. H. Wilson* ADDRESS *Key City Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1934

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County St. Louis Registration District No. 262
 Township Park Primary Registration District No. 5364
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Elizabeth J. Whetsell
 (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.

File No. 665
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
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)		
MOTHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS)	
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__	
19. UNDERTAKER (ADDRESS)		
20. FILED <u>113</u> <u>194</u> <u>E. M. Reynolds</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/12 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____. I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Date of onset

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) _____, M. D. (Address) _____

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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