

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

Do not use this space.

6096

1. PLACE OF DEATH

County Folk
Township Bolivar
City Bolivar (No. _____)

Registration District No. 701
Primary Registration District No. 4427

File No. _____
Registered No. 15 St. _____ Ward _____

2. FULL NAME

Thomas J. Whitmore

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Whitmore</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28 56</u>			
7. AGE	YEARS <u>77</u>	MONTHS <u>8</u>	DAYS <u>14</u>
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dr.</u>		
OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
	10. Date deceased last worked at this occupation (month and year)		
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
	13. NAME <u>Ed Whitmore</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
	15. MAIDEN NAME <u>not known</u>		
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
	17. INFORMANT (ADDRESS) <u>Julia Whitmore</u>		
18. BURIAL, CREMATION OR REMOVAL			
PLACE <u>City</u>		DATE <u>Feb 14 1934</u>	
19. UNDERTAKER (ADDRESS) <u>Butcher Blue</u>			
20. FILED <u>2-17-34</u> <u>1934</u> <u>J. G. Roberts</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1934 to Feb 9 1934

I last saw him alive on Feb 8 1934. Death is said to have occurred on the date stated above, at 7:15 A.M.

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

Carcinoma of head Date of onset _____

53

Other contributory causes of importance:
occlusion of bowels

Name of operation craniotomy Date of _____

What test confirmed diagnosis? Microscopic (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. E. Hammontree, M. D.
(Address) Bolivar Mo

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.

