

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.

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

Do not use this space.

33740

SEP 13 1934

1. PLACE OF DEATH
82 County Pike Registration District No. 687
Township Union Primary Registration District No. 5915
City (No. _____) (No. _____) St. _____ (Ward) _____

2. FULL NAME Paul Patrick Whiteside
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 17 8 89
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 11 22
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. farmer
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) Lincoln Co. Mo
(STATE OR COUNTRY)

13. NAME George W Whiteside
14. BIRTHPLACE (CITY OR TOWN) Lincoln Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Mildred Basket
16. BIRTHPLACE (CITY OR TOWN) Lincoln Co Mo
(STATE OR COUNTRY)

17. INFORMANT Earl Whiteside
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mill Creek Cemetery Sept 7th 1934

19. UNDERTAKER Gooch Hardware Co
(ADDRESS)

20. FILED Sept 7 1934 B M Gooch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1934 to Sept 3 1934
I last saw him alive on Sept 3 1934. Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver
46
Date of onset Mar 1933
Other contributory causes of importance 46

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) J. B. Hoeger M. D.
(Address) Whiteside Mo

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2/7

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pike Registration District No. 687
 Township Maneville Primary Registration District No. 0915-
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 13 - 1882</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>11</u>	DAYS <u>22</u>
		If LESS than 1 day, _____ hrs. or _____ min.
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 5, 1934

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

I last saw him _____ 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) _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	13. NAME
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____	
19. UNDERTAKER (ADDRESS)	
20. FILED _____ 19____ <u>(B. M. Gooch)</u> Registrar	

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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