

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.

UGT 18 1934

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

Do not use this space.

-35068

**1. PLACE OF DEATH**

County March Registration District No. 923  
 Township Granville Primary Registration District No. 45MS  
 City Granville 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 \_\_\_\_\_ mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |                              |   |
|---|------------------------------|---|
| 3. SEX<br><u>F</u>  | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>John Willhite</u>                            |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Sept 13 1874</u>  |                              |   |
| 7. AGE<br><u>57</u> YEARS   | MONTHS<br><u>4</u>           | DAYS<br><u>24</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Housewife</u> |                              | 11. Total time (years) spent in this occupation<br><u>1920</u>              |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br>_____                     |                              |   |
| 10. Date deceased last worked at this occupation (month and year) _____   |                              |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Edgar Co. Ill.</u>                                       |                              |   |
| 13. NAME<br><u>Eliza Willhite</u>   |                              |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>East Mass</u>  |                              |   |
| 15. MAIDEN NAME<br><u>Eliza Morris</u>  |                              |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Mo</u>   |                              |   |
| 17. INFORMANT (ADDRESS)<br><u>Murray Willhite<br/>Granville Mo</u>  |                              |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Grant City</u> DATE<br><u>9/15</u> 19 <u>34</u>                   |                              |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Andrews</u>  |                              |   |
| 20. FILED <u>Oct 9, 1934</u> <u>Fred Mull, M. D.</u><br>Registrar.  |                              |   |

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1874 to Sept 13 1934  
 I last saw him alive on Sept 13 1934. (Death is said to have occurred on the date stated above, at \_\_\_\_\_ Am.)  
 The principal cause of death and related causes of importance were as follows:  
Stroke from flu  
 Other contributory causes of importance:  
Serum

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 John Andrews, M. D.  
 (Signed) Grant City Mo  
 (Address)



**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 Worth

Registration District No. 903

Township

Primary Registration District No. 45-45

City Grant City (No. ....)

File No. ....

Registered No. ....

St. .... Ward)

**2. FULL NAME**

Olga Willhite

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
87 4 24

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)

13. NAME

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

15. MAIDEN NAME

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 (Fred Mull, M.D.) Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from

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) .....

SUPPLEMENTARY

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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