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DEC 17 1934

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

Do not use this space.

36483-B

File No. 121

Registered No. 121

1. PLACE OF DEATH

County: Knox

Township: Shelton

City: Edina (No. ..... St. ..... Ward)

Registration District No. 1029

Primary Registration District No. 3-602

2. FULL NAME: Betty Jean Whitmire

(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: F

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 3 - 1934

7. AGE: YEARS ..... MONTHS 2 DAYS 27 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)

FATHER

13. NAME: Emmett Joys Whitmire

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edina Missouri

MOTHER

15. MAIDEN NAME: Mary Bernice Jenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boulder Colo.

17. INFORMANT (ADDRESS): Emmett Joys Whitmire

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Carmel DATE: Oct - 21 1934

19. UNDERTAKER (ADDRESS): Keith M. Hudson. Edina

20. FILED: Oct 20, 1934 Mattie Houserton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1934, to Oct. 19, 1934

I last saw him alive on Oct. 19, 1934. Death is said to have occurred on the date stated above, at 9:30 P. m.

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

	Date of onset
Intestinal Flu.	
11B	

Other contributory causes of importance:

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) C. C. Gibson, M. D.

(Address) Novelty 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.