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.

1. PLACE OF DEATH JAN 10 1935
County Callaway — Registration District No. 104 — File No. 42179
Township — Primary Registration District No. 3008 — Registered No. 308
City Fulton (No. ..., ... St. ... Ward)

2. FULL NAME David William Whanger
(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) II/I3 I860

7. AGE YEARS 74 MONTHS I DAYS I7 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
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) Mo.

FATHER
13. NAME Samuel Whanger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.Va.

MOTHER
15. MAIDEN NAME Rebaca Jane Welch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.Va.

17. INFORMANT (ADDRESS) Mrs. D.W.Whanger Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest Cemetry DATE I/I I935, 19

19. UNDERTAKER (ADDRESS) Herndon Taylor Fulton Mo.

20. FILED Dec. 31 1934 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1934, to Dec 30, 1934
I last saw him alive on Dec 30, 1934. Death is said to have occurred on the date stated above, at about 11 20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis.	
with Coronary Thrombosis	
94B	
97	

Other contributory causes of importance: [illegible]

Name of operation ✓ Date of
What test confirmed diagnosis clinical 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? No
If so, specify
(Signed) R. N. Crews, M. D.
(Address) Fulton Mo