

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

Do not use this space.

8217

1. PLACE OF DEATH
 County Buchanan Registration District No. 82
 Township Washington Primary Registration District No. 5127
 City Wright (No. Buchanan County Infirmary Ward)

2. FULL NAME Mitchell Miller Whitton
 (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)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 6 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retire Real Estate
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer
 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) Gentry County Missouri
 FATHER 13. NAME Edmond Whitton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas
 MOTHER 15. MAIDEN NAME Margaret Jane Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas
 17. INFORMANT (ADDRESS) Mr. Whitton Kansas City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Falls, Mo. DATE March 29 1935
 19. UNDERTAKER (ADDRESS) E. P. Eidenbader 623 South 10th St.
 20. FILED Mich 18 1935 J. J. Baum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1935
 22. I HEREBY CERTIFY, That I attended deceased from January 1 1935 to March 28 1935
 I last saw him alive on March 29 1935 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:
Heart Disease - Arteriosclerosis Date of onset
Atherosclerosis - General
Acute Coronary Thrombosis 9
121
 Other contributory causes of importance:
Hypostatic Pneumonia
Chronic Atherosclerosis - General (P)
Chronic Nephritis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physic 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?
 If so, specify _____
 (Signed) J. J. Baum, M. D.
 (Address) 507 12th St

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.

