

NOV 20 1935

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

Do not use this space.

32230

1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson City(No. Saint Mary's Hospital)

File No.

Registered No. 287

St.

Ward)

2. FULL NAME Sara Alyce Whitt(a) Residence, No. 1215 Oak
(Usual place of abode)

St.

Ward.

(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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

June 19, 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.312

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At home9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kirksville, Mo.

FATHER

13. NAME

Claude Whitt

MOTHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Melbourne, Mo.

15. MAIDEN NAME

Margaerite Redding16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kirksville, Mo.17. INFORMANT
(ADDRESS)Claude Whitt
1215 Oak St. Jeff City, Mo.

18. BURIAL OR REMOVAL

PLACE Kirksville, Mo. DATE Oct. 1, 193519. UNDERTAKER
(ADDRESS)Heinrichs Funeral Home
Jefferson City, Mo.

20. FILED

11/5/351935W. H. McFarland

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 193522. I HEREBY CERTIFY, That I attended deceased from
August 4, 1935, to Oct. 1, 1935I last saw him alive on 12:30 pm Oct. 1, 1935 Death is said
to have occurred on the date stated above, at 12:30 pm.

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

Gastro-Enteric Intoxication Date of onset 9/28

Other contributory causes of importance:

Presumptive
Operated for Hysteria - Dept
Chf. - Padote (St. Louis Chesnut Hoop)Name of operation Waco-Syst Chf. Padote Date of 9-17-35What test confirmed diagnosis? _____ Was there an autopsy? No23. 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) Dr. Eugene Krause, M. D.(Address) Jefferson City, 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.

