

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.

JAN 20 1938

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

Do not use this space.

40622

1. PLACE OF DEATH

County Pike Registration District No. 683
Township Ashley Primary Registration District No. 4407
City Ashley (No. _____) St. _____ Ward _____

2. FULL NAME

Charley Wilhoit
(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 9-1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Labour
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Near Ashley Mo.
(STATE OR COUNTRY)

13. NAME Chas. P. Wilhoit

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

15. MAIDEN NAME Pettie Wilhoit

16. BIRTHPLACE (CITY OR TOWN) Near Ashley Mo.
(STATE OR COUNTRY)

17. INFORMANT H. S. Wilhoit
(ADDRESS) Cowdell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashley Cemetery DATE Dec. 20 1935

19. UNDERTAKER W. B. E. Spore
(ADDRESS) Rowling Green Mo.

20. FILED Dec. 19, 1935 R. W. Hetherlin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to 12-19 1935
I last saw him alive on 1-2-10; 1935. Death is said to have occurred on the date stated above, at 10 pm.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 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 _____, 1935
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. H. Wilhoit M. D.

(Address) Rowling Green, Mo.

