

FEB 20 1936

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

Do not use this space.

1178

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Rav- Primary Registration District No. 1602
City Manassas City (No. 4378) Hally Street

File No.
Registered No. 31
St. Ward)

2. FULL NAME

(a) Residence, No. 1328 Hally, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 2 14

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. None
10. Date deceased last worked at this occupation (month and year) Feb 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina

MOTHER FATHER 13. NAME Walter M. Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina

MOTHER 15. MAIDEN NAME Nancy Fordville

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina

17. INFORMANT (ADDRESS) Mrs. Litta M. Carty

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson MS. DATE Jan 4 1935

19. UNDERTAKER (ADDRESS) J. M. Ward

20. FILED Jan 3 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct - 12 1935 to Jan 3 1936

I last saw h. alive on Jan - 1 1936 Death is said to have occurred on the date stated above, at 9 a m.

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

Senile exhaustion with acidosis Date of onset about Dec 1-35

Other contributory causes of importance Hypertension - Chronic hepatitis - etc

Name of operation no op Date of no op
What test confirmed diagnosis no op Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide no Date of injury

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) N. C. Speer, M. D.
(Address) 3204 Coleman K. C. Mo.

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.

Mr. Howard, N.C.

N.C. State

602 Packard

Dr. 1752

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8500
750
1000

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