Dr. Baldwin

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

FEB 17 1936

Do not use this space.

1. PLACE OF DEATH
County Barry — Registration District No. 31 — File No. 4472
Township Purdy — Primary Registration District No. 4022 — Registered No. 5
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Anna L. Whiteman
(a) Residence, No. R.F.D. Purdy 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 F.M. — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Whiteman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-1851

7. AGE — YEARS 84 — MONTHS 3 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Virginia Unknown

FATHER
13. NAME Levi Whiteman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Wallace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Jack Whiteman Purdy, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Purdy DATE 2/9th 1936

19. UNDERTAKER (ADDRESS) Koon Funeral Home Cassville, Mo

20. FILED 2-11-1936 Mattie Blankenship Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1935, to Feb 7th, 1936
I last saw her alive on Feb 7th, 1936 Death is said to have occurred on the date stated above, at 1:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Dec~~ 1st	M-2-35
Chronic Myocarditis	
93	

Other contributory causes of importance: Cardiac Asthma Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys 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) J. D. Baldwin M. D.
(Address) Purdy 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.