MAY 25 1936

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

Do not use this space.

16250

1. PLACE OF DEATH
County Howell Ozark
Township Bayou
City Bakersfield, Missouri (No. ..... St. ..... Ward)

Registration District No. 647
Primary Registration District No. [illegible]

File No. .....
Registered No. .....

2. FULL NAME Vesta Anna Whisenant

(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 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe
4. COLOR OR RACE Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel P. Whisenant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1851

7. AGE 85 YEARS | MONTHS 0 | DAYS 8 | 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) Keokuk, Iowa

FATHER
13. NAME Peter Cartwright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) V. D. Loftis, Memphis, Tennessee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Pleasant DATE 4-20 1936

19. UNDERTAKER (ADDRESS) Robertson's Mortuary est Plains, Missouri

20. FILED 4-20 1936 C A Beach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 20, 1936, to Apr 19, 1936
I last saw him alive on Apr 16, 1936. Death is said to have occurred on the date stated above, at 3:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4-10
Other contributory causes of importance:	
Influenza	3-20

Name of operation none Date of .....
What test confirmed diagnosis? ..... 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? no
If so, specify .....
(Signed) C A Beach, M. D.
(Address) Beach Elijah 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.