

MAY 25 1936

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

Do not use this space.

16252

1. PLACE OF DEATH

County Ozark  
Township Rayou  
City Bakersfield, Mo (No. ....)

Registration District No. 1247  
Primary Registration District No. ....

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME Samuel Poston Whisenant

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 <u>male</u>	4. COLOR OR RACE <u>wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Vesta A mna Whisenant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11, 1947</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>11</u>
	DAYS <u>11</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Gilmore Co., Ga.</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Geo Whisenant</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Gilmore Co., Ga.</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Holly Harper</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Gilmore Co., Ga.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Marion D. Whisenant</u> (ADDRESS) <u>Bakersfield, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baptist Hill</u> DATE <u>4-24, 1936</u>		
19. UNDERTAKER <u>Robertson's Mortuary</u> (ADDRESS) <u>West Plains, Missouri</u>		
20. FILED <u>4-22 1936</u> <u>C. G. Beach</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936 to April 22, 1936  
I last saw him alive on April 20, 1936 Death is said to have occurred on the date stated above, at 12:10 P.M.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia (Bronchial) following influenza  
121  
Date of onset

Other contributory causes of importance:  
Chronic interstitial nephritis

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 .....

Where did injury occur? no  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) C. G. Beach, M. D.  
(Address) 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.

