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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 23 1936

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

Do not use this space.

19853

1. PLACE OF DEATH

County Johnson Registration District No. 426 File No.

Township Chilhowee Primary Registration District No. 4252 Registered No. 11

City Chilhowee (No. , St. Ward)

2. FULL NAME Nellie Marva Whittington

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roy Whittington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 16th-1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
30	4	22	

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): Chilhowee Mo

FATHER

13. NAME: Chas Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER

15. MAIDEN NAME: Amelia B. Langer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sing Singm N.Y

17. INFORMANT (ADDRESS): Mrs Chas Hamilton Chilhowee, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg, Mo DATE May 10-36.

19. UNDERTAKER (ADDRESS): O. L. Cook Chilhowee, Mo.

20. FILED May 15 1936 J. L. Beatty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar - 28, 1934, to 4 - 8 -, 1936

I last saw h. alive on 4 - 7 -, 1936. Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Bacterial Endocarditis (acute) (Streptococcus Viridans)	Mar-28-36
56	

Other contributory causes of importance:
R. Rheumatic Endocarditis (10 or 12 yrs ago)

Name of operation nm Date of

What test confirmed diagnosis? Blood culture 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) R. F. McKinney, M. D.
(Address) Warrensburg Mo