JUN 23 1936

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

Do not use this space.

20017

1. PLACE OF DEATH
County Madison — Registration District No. 538
Township — Primary Registration District No. 3028
City Fredericktown (No. ..... St. ..... Ward)

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

2. FULL NAME Mary Ann Whitchurch
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Whitchurch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 - 1870

7. AGE YEARS 66 MONTHS — DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Wayne Co. Mo.

FATHER
13. NAME John B. Wilmore sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Mary Jane Day
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs. Zoa Walker Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cold Water Mo DATE May 13 1936

19. UNDERTAKER (ADDRESS) Ed. H. Webb Fredericktown Mo

20. FILED May 12 1936 S. C. Slaughter Registrar.
By C. D. Schwanen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to May 11, 1936
I last saw her alive on May 11, 1936 Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset May 7th 1936
Repeated attacks from May 7th to May 11th.
94a

Other contributory causes of importance:
Arterio-sclerosis with Hypertension — 4 years

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) S. C. Slaughter, M. D.
(Address) Fredericktown Mo

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

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.

MARGIN RESERVED FOR BINDING

V. 2, No. 2
100M-3-28-35