AUG 17 1936

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

Do not use this space.

25504

1. PLACE OF DEATH
County: Boone
Township: Columbia
City: (No. ..., ..., St. ..., Ward)

Registration District No.: 73
Primary Registration District No.: 5 1 2

File No.:
Registered No.: 196

2. FULL NAME: John Eutychus Whittle
(a) Residence, No.: Route 1 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: Male
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: Ida C. Whittle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-7-1860
7. AGE: Years 76 Months 3 Days 24 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Columbia, Missouri

FATHER
13. NAME: Thomas Whittle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Mary Kuler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aldbrt Know

17. INFORMANT (ADDRESS): Mrs. H. W. Young Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Columbia Cemetery DATE: 7-3 1936
19. UNDERTAKER (ADDRESS): Parker Furniture Co. Columbia Mo.
20. FILED: 7/6/ 1936 Alice Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1936, to July 1, 1936, I last saw him alive on July 1, 1936. Death is said to have occurred on the date stated above at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	June 27
Pneumonia Bronchi	June 28

Other contributory causes of importance:
Nephritis Chronic ?
Myocarditis Chronic ?

Name of operation: None Date of
What test confirmed diagnosis: B.P. Urine 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) Jam E. Dryheimer, M. D.
(Address) Columbia, 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.

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

MARGIN RESERVED FOR BINDING

F. 51 No. 2
100M-3-28-35