

AUG 17 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Cass  
Township W. Peculiar  
City (No)

Registration District No. 162  
Primary Registration District No. 5227

File No. 25868  
Registered No. \_\_\_\_\_

## 2. FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Guanda Whitsett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11, 1860</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>9</u>
	DAYS <u>13</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) <u>July 1936</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Preston Whitsett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
	15. MAIDEN NAME <u>Kittie Hunter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
MOTHER	17. INFORMANT <u>Mrs. Mel Evans</u> (ADDRESS) <u>R. C. 1, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellton Mo</u> DATE <u>7/26</u> , 19 <u>36</u>	
19. UNDERTAKER <u>B. T. Lyons &amp; Sons</u> (ADDRESS) <u>Bellton Mo</u>		
20. FILED <u>July 25, 1936</u> <u>Martin V. Bellus</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1936

22. I HEREBY CERTIFY That I attended deceased from June 26, 1936, to July 20, 1936  
I last saw him alive on July 20, 1936 Death is said to have occurred on the date stated above, at 11 A. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis? Date of onset? \_\_\_\_\_  
121  
Other contributory causes of importance:  
Hypertension  
Edema of Brain ?  
July 20

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Martin V. Bellus, M. D.  
(Address) Peculiar, 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.

