

DEC 18 1936

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

Do not use this space.

40688

1. PLACE OF DEATH

County Christian
Township Bruner
City (No. _____) _____

Registration District No. 189-
Primary Registration District No. 6247

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William M. Whitsett

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennessee Whitsett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Missouri

13. NAME E. D. Whitsett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Eda. Simpson (ADDRESS) Sparta, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Monongah DATE Dec 1st 1936

19. UNDERTAKER (ADDRESS) Sparta, Mo

20. FILED 12-8 1936 Josephine Murrill Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30th 1936

22. I HEREBY CERTIFY that I attended deceased from Nov 11 1936 to Nov 30th 1936. I last saw him alive on Nov 30th 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Purulent Cystitis Date of onset _____

Other contributory causes of importance:

Prostatic Hypertrophy
Not Maligant

Name of operation _____ Date of _____
What test confirmed diagnosis? Ury 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 and how injury occurred? _____ (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) H. J. Simpson, M. D.

(Address) Sparta, Mo

