

FEB 19 1937

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

Do not use this space.

42213

1. PLACE OF DEATH

County Polk Registration District No. 707  
Township East Liberty Primary Registration District No. 5-936  
City Liberty (No.       ) St.        Ward       

File No.         
Registered No. 15

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 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 Mary Elizabeth Whitman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1863  
7. AGE YEARS 73 MONTHS 5 DAYS 26 If LESS than 1 day, hrs. or min.

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) Rock Island County Ill.

13. NAME John Whitman

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

15. MAIDEN NAME Elizabeth Dack

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

17. INFORMANT (ADDRESS) Frank Duffels

18. BURIAL, CREMATION, OR REMOVAL Buried

19. UNDERTAKER (ADDRESS) W. H. Duffels

20. FILED Feb-11 1937 Mrs. Mattie M. Saylor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1936  
22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1936, to Nov 5, 1936.  
I last saw him alive on Nov 5, 1936. Death is said to have occurred on the date stated above, at 1:20 p. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Palsy  
Date of onset

Other contributory causes of importance:  
Name of operation        State of         
What test confirmed diagnosis?        Was there autopsy? Yes

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) W. H. Duffels W. H. Duffels  
(Address) Salina, 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.

