

JAN 29 1937

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

Do not use this space.

44117

1. PLACE OF DEATH

County Clark

Registration District No. 190

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. H10

Registered No. 68

City Kahoka (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Willy Bell Painter

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1936

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emanuel Painter

22. I HEREBY CERTIFY, THAT I attended deceased from Dec 17 1936 to Dec 22 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23-1860

I last saw h. \_\_\_\_\_ alive on Dec 22 1936 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 76 1 ✓

The principal cause of death and related causes of importance were as follows: Cerebral Apoplexy Date of onset \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping 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 \_\_\_\_\_

Other contributory causes of importance: Coronary Thrombosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Arthur M. Whorton

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

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

MOTHER 15. MAIDEN NAME Ellen Richey

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT Mr. S. W. Painter, III. (ADDRESS) Selma

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

18. BURIAL, CREMATION OR REMOVAL PLACE Kahoka DATE Dec. 25, 1936

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

19. UNDERTAKER Guthrie, Fred (ADDRESS) Kahoka Mo.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) Dr. Priddy \_\_\_\_\_ M. D. (Address) Kahoka Mo

20. FILED 12/25 1936 J. H. Briggs Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

