

FEB 15 1937

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

Do not use this space.

79

1. PLACE OF DEATH

County Barry
Township
City Monett (No.)

Registration District No. 30
Primary Registration District No. 30031

File No.
Registered No. 2
St. Ward

2. FULL NAME

James Monroe Whitney
(a) Residence No. 213 - 3rd St. Ward

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Anderson Whitney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 ? 2

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

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) Atlanta Georgia

13. NAME Dois Rhoad

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Georgia

15. MAIDEN NAME Dois Rhoad

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

17. INFORMANT Mrs. J. M. Whitney (ADDRESS) Monett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 007 Cemetery DATE 2-16-1937

19. UNDERTAKER Callaway's (ADDRESS) Monett Mo.

20. FILED 1-17 1937 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/11, 1937, to 1/16, 1937.
I saw him alive on 1/16, 1937. 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:

Wheeler Pneumonia
Emphysema
1/11/37

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 Frank Hess, M. D.

(Signed) Monett Mo. (Address)

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.

