

FEB 16 1937

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

Do not use this space.

721

27. PLACE OF DEATH  
County Cooper Registration District No. 218  
Township Boonville, mo. Primary Registration District No. 3015  
4 City Boonville, mo. (No. St. Joseph Hospital) St. 9 Ward) 9

2. FULL NAME John Whitlock  
(a) Residence, No. Boonville, mo. Ward. 9  
(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 Edna Roker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 10 29

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) Saline Co. Mo.13. NAME Benjamin F. Whitlock14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Catharine Baird16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) John W. Whitlock18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall mo DATE Jan. 24 193719. UNDERTAKER (ADDRESS) J. L. Sweeney20. FILED Jan 23 1937 D. Hooper Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-37, 1922. I HEREBY CERTIFY, That I attended deceased from 12-20-36, 19, to 1-22-37, 19.I last saw him alive on 1-22-37, 19. Death is saidto have occurred on the date stated above, at 4:00 p.m.

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

Intestinal Fistula  
Operation: Resection of carcinoma of hepatic Flexure

Date of onset  
1-18-3712-26-36Other contributory causes of importance NoneName of operation Resection of carcinoma of rectum Date of 12-26-36What test confirmed diagnosis? Tissue Section Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 19Where did injury occur? None  
(Specify city or town, county, and State)

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

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) A. E. W. Raymond, M. D.(Address) Boonville mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

