

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH
 County Scott Registration District No. 820
 Township Sublimus Primary Registration District No. 4496
 City Oran (No. 24) St. _____ Ward _____

2. FULL NAME Ella Whitwood (Kibby)
 (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.

File No. 4576
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo Whitwood</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10 1853</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>5</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
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) <u>Oran Ill</u>		
13. NAME <u>James Dunbar</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>E. P. Kibby</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oran</u> DATE <u>Jan 13 36</u>		
19. UNDERTAKER (ADDRESS) <u>G. D. Heisserer 460 Oran Mo</u>		
20. FILED <u>2/10 1937</u> <u>J. P. Kibby</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 th 1936 to Jan 10 1936
 I last saw h. or alive on Jan 10 1936 Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____

Un-known chronic Disease (old age)

Other contributory causes of importance:
Presbycusis, Encephalitis of liver

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 _____
 (Signed) H. S. Winters - 1 M. D.
 (Address) Oran - 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.

