

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township LewisPrimary Registration District No. 1092City Lewis City (No. 617)LewisFile No. 6285
Registered No. 6285 St. 617 Ward

2. FULL NAME

(a) Residence, No. 617 Lewis St. Lewis 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18717. AGE YEARS 66 MONTHS — DAYS — If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

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) Missouri13. NAME Barney Wilhoite, Sr.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Rachel Wilhoite16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mary Franklin Ostrhote (ADDRESS) 1106 Pass18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE Febr. 5 3719. UNDERTAKER W. H. Appleton & Jones (ADDRESS) 619 1/2 Pine St.20. FILED 29 37 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 7 37

22. I HEREBY CERTIFY that I attended deceased from

I last saw him alive on Febr. 7 37, 19... Death is saidto have occurred on the date stated above, at 7:30 a.m.

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

Internal hemorrhage (adhesions)Intestinal obstruction

Other contributory causes of importance:

NO 127Name of operation Autopsy Date 127What test confirmed diagnosis? Autopsy Was there an 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 due to occupation of deceased?

If so, specify —(Signed) [Signature], M. D.(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.

