

MAR 24 1937

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

Do not use this space.

7618

1. PLACE OF DEATH

County Pottio Registration District No. 668
Township _____ Primary Registration District No. 2032
City Sedalia (No. Bathwell Hoop)

File No. 62
Registered No. 668
St. _____ Ward _____

2. FULL NAME

Frank Whitehead
(a) Residence, No. 642 N. Green St., Ward. Wichita Kans.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Gaze Whitehead</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 15, 1882</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>1</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Travelling Salesman</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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedwich County, Kans.</u>	
	13. NAME <u>William Lowery Whitehead</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Roch. Herson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Mrs. Jane Whitehead</u> (ADDRESS) <u>Wichita Kans.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wichita</u> DATE <u>2-28-1937</u>		
19. UNDERTAKER <u>McLaughlin Bros</u> (ADDRESS) <u>Sedalia</u>		
20. FILED <u>2-28-1937</u> <u>Jesse Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1937, to 2-27, 1937
I last saw him alive on 2-27, 1937 Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:
Right Lobar Pneumonia
Influenza
Cardio-Nephritis
Other contributory causes of importance: None
Name of operation None Date of _____
What test confirmed diagnosis? Fundus where 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) J. B. Carlisle, M.D. M. D.
2/28/37 (Address) 314 Ohio St. Sedalia, Mo.

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

