

JUN 29 1937

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

Do not use this space.

20787

1. PLACE OF DEATH

County *New Madrid*  
Township *East*  
City *Mathews*

Registration District No. *821*  
Primary Registration District No. *5801*

File No. *20787*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*John Lawrence Whitten*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred *17* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*  
4. COLOR OR RACE *W.*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name of) *Frances P. Whitten*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 5 1869*  
7. AGE YEARS *68* MONTHS *4* DAYS *9* If LESS than 1 day, hrs. or min.

OCCUPATION  
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) *Nale, Ind.*

MOTHER  
13. NAME *Elijah Whitten*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Nale Ind.*

15. MAIDEN NAME *Sally Ann Edwards*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Nale Ind.*

17. INFORMANT (ADDRESS) *Mrs. Ellen Reid Mathews Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Highway Camp May 13 1937*

19. UNDERTAKER (ADDRESS) *John C. Britton Mathews Mo.*

20. FILED *6-5* 1937 *W. H. Russell* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 12 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 12 1937*, to *May 12 1937*. I last saw him alive on *May 12 1937*. Death is said to have occurred on the date stated above, at *1:15 p.m.*

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

*Cerebral Hemorrhage* Date of onset *May 12 1937*  
*Essential Hypertension*

Other contributory causes of importance: *Essential Hypertension*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis *clinical* as 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) *Harvard McIntyre* M. D.  
(Address) *St. Louis 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.

WHITE PEARL WITH UNFADING INK—THIS IS A PERMANENT RECORD

