

AUG 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township Warren
City Warsaw Mo. (No. 202)

Registration District No. 61
Primary Registration District No. 5098

File No. 26624
Registered No. 2121
St. _____ Ward _____

2. FULL NAME

Ray Whitesell
(a) Residence, No. Kansas City, Kansas Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 13 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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) Kans Cy Kans

13. NAME W. E. Whitesell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

15. MAIDEN NAME Eula Lee Cooney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT W. E. Whitesell (ADDRESS) Kans. Cy. Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE H. C. Kans DATE 7/10 1937

19. UNDERTAKER E. M. White (ADDRESS) Warsaw Mo.

20. FILED 7/18 1937 J. A. Logan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from never, 19 , to , 19 .

I last saw him alive on never, 19 . Death is said to have occurred on the date stated above, at 3:45 P. m.

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

Accidental drowning while swimming in Lake of Ozarks Date of onset _____

Other contributory causes of importance: 183

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 7-8, 1937

Where did injury occur Warsaw, Benton Co. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Lake of Ozarks

Manner of injury drowning

Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) D. P. Jones, Coroner, M. D.

(Address) Cole Camp Mo

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

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