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.

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Jasper
Township:
City: Jasper (No. ..... St. ..... Ward)

Registration District No. 410
Primary Registration District No. 4243

File No. 30932
Registered No. 20

2. FULL NAME: John Phanies Hite

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Della Ann Hite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 12 1861

7. AGE: Years 76 Months 7 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Ohio

FATHER
13. NAME: James Hite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Va.

MOTHER
15. MAIDEN NAME: Elizabeth Stephens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: Frank Hite
(ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Engelwood Cem DATE Aug 22 1937

19. UNDERTAKER: Teeter Bros
(ADDRESS) Jasper Mo

20. FILED Aug 22 1937 J E Hook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/10, 1937, to 8/20, 1937
I last saw him alive on Aug 20, 1937. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Persistent Vomiting
Probably Cancer of Stomach.

Other contributory causes of importance:

NO

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? NO

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? NO
If so, specify .....
(Signed) V. H. Hendricks, M. D.
(Address) Jasper.