

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
Township Kirksville Primary Registration District No. 3001
City Kirksville (No. _____) St. _____ Ward _____

File No. 33515
Registered No. 195

2. FULL NAME

James F. Whitson
(a) Residence, No. 414 E Normal St., _____ 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie F Whitson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 - 1847

7. AGE YEARS MONTHS DAYS If LESS (than 1 day, _____ hrs. or _____ min.)
90 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. 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) Power Mo.

MOTHER FATHER 13. NAME George Whitson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don, t Know.

MOTHER 15. MAIDEN NAME Nancy Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don, t Know.

17. INFORMANT (ADDRESS) Willie Whitson
Kirksville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo DATE Sept 28 1937

19. UNDERTAKER (ADDRESS) Dee Riley
Kirksville Mo.

20. FILED Sept 27, 1937 Spencer L. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1937, to Sept 27 1937

I last saw him alive on Sept 26, 1937 Death is said to have occurred on the date stated above, at 456 a

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

Myocardial degeneration
senile 9/30/37
Date of onset

Other contributory causes of importance:
Pulmonary stasis 9/30/37

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was 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? No
If so, specify _____
(Signed) E. L. Smith / _____ M. D.
(Address) Kirksville 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.

Riley