

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

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

Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
 County Boone Registration District No. 731
 Township Columbia Primary Registration District No. 3006
 City Columbia (No. 210, East Ash) St. _____ Ward _____
 2. FULL NAME John Whitesides
 (a) Residence, No. 210 East Ash 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.

File No. 37081
 Registered No. 235

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1859
 7. AGE YEARS 78 MONTHS — DAYS — 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) Missouri
 FATHER 13. NAME Quar Whitesides
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Elizabeth Hoden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Sam Whitesides
 (ADDRESS) Columbia Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE 10-19-1937
 19. UNDERTAKER Parler Furniture Co.
 (ADDRESS) Columbia, Mo.
 20. FILED 10/18/1937 Allie Selby
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1937
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:00 P. m.
 The principal cause of death and related causes of importance were as follows:
From the effect of a bone lodged in his throat after eating a ground hog. Date of onset _____
 Other contributory causes of importance: 1942
 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? 4
 If so, specify _____
 (Signed) W. P. ... M. D.
 (Address) Columbia, Mo.

