

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

Do not use this space.

4306

1. PLACE OF DEATH

County Shannon 101 Registration District No. 637
 Township Jackson Primary Registration District No. 6084
 City Reynolds (No. 2) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

S. S. Whitlock 30 93
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 10 - 1937 to Dec. 14, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15-1867

I last saw him live on Dec. 8, 1937 Death is said to have occurred on the date stated above, at 5:20 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 10 29

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Cook

Arterio Sclerosis Sept. 8-1936

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rowden Co. Tenn.

Chronic Nephritis Dec. 1936

13. NAME G. G. Whitlock

Name of operation None Date of _____
 What test confirmed diagnosis? Usual by as there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 1937

15. MAIDEN NAME Alexa Burnett

Where did injury occur? at home
 (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Rester G. Whitlock
 (ADDRESS) Reynolds, Mo.

Manner of injury None
 Nature of injury None

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Reynolds Cem. DATE Dec. 15, 1937

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

19. UNDERTAKER Carl K. Spencer
 (ADDRESS) Salem, Mo.

If so, specify _____
 (Signed) W. G. Dillow, M. D.

20. FILED Dec. 15, 1937 Minnie A. Hodges
 Registrar

(Address) Salem, Mo.

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

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4306

Do not use this space.

1. PLACE OF DEATH

(a) County Shannon Registration District No. 637

(b) Township Jackson Primary Registration District No. 6084

(c) City..... (d) Street No..... St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel S. Whitlock

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m

4. COLOR OR RACE w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>10</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as 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) _____

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 11-16 1937 Minnie Hodges Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 14 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

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? _____

If so, specify _____ (Signed) W. S. Dillon _____, M. D.

(Address) Salem _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFYING UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-4307

1938