

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

Do not use this space.

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4453

1. PLACE OF DEATH

County Vernon Registration District No. 878
 Township Washington Primary Registration District No. 1162
 City Nevada, Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 19

2. FULL NAME

Ellen Whittenberg (State Hospital #3)
 (a) Residence, No. Aurora St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 8 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Warren P. Whittenberg
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1861
 7. AGE YEARS 76 MONTHS 11 DAYS 8 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Little Rock, Ark.

MOTHER 13. NAME John Dootson

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

15. MAIDEN NAME Lucy M. McKinney

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

17. INFORMANT (ADDRESS) Records of State Hospital #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Rollings Mo DATE Jan 22, 1938

19. UNDERTAKER (ADDRESS) A. S. Wallace Rollings Mo

20. FILED Jan 22, 1938 Ellen V. Hays Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1938
 22. I HEREBY CERTIFY That I attended deceased from July 1st, 1937, to Jan. 22, 1938
 I last saw her alive on Jan. 21, 1938. Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Cerebral Hemorrhage 1938+
Arteriosclerosis 1936+
 Other contributory causes of importance: None

Name of operation none 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? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. Miller, M. D.
 (Address) State Hospital #3 Nevada, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH