

REC'D MAR 14 1938

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

6026
Do not use this space.

1. PLACE OF DEATH
(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 3006
(c) City Columbia (d) Street No. Parker Hospital Registered No. 39
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
2. PRINT FULL NAME Bobbie Glenn Whitesides 3rd
(a) Residence, No. 400 Machir St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1-1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 3 17
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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 1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Missouri
FATHER 13. NAME Glenn Whitesides
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Missouri
MOTHER 15. MAIDEN NAME Lena Schmidt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri
17. INFORMANT (ADDRESS) Glenn Whitesides Columbia, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE 2-20-1938
19. FUNERAL DIRECTOR (ADDRESS) W.V. Whitesides Columbia, Mo
20. FILED 2/21/1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18 1938
22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1938, to 2-18, 1938.
I last saw him alive on 2-18, 1938. Death is said to have occurred on the date stated above, at 9:16 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia (lobar)
7/eosies.
Date of onset 2-14
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? Y
If so, specify
(Signed) [Signature] M. D.
(Address) Columbia Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, M. D. Whitman, Licensed Embalmer No. 3893
hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. D. Whitman
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed M. D. Whitman
Licensed Embalmer No. 3893

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)