

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.

REC'D MAR 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

7761

74 69

668

1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 3232City Sedalia(No. 1609 So. Stewart)

St.

Ward

2. FULL NAME

Mary A. Whiteman355(a) Residence, No. 1609 So. Stewart

St.

Ward.

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

Female

4. COLOR OR RACE

White

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

Widowed

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

William H. Whiteman

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

Nov. 26, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72224

OCCUPATION

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

At Home

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)

Ky.

FATHER

13. NAME

William H. Lively

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

Ky.

MOTHER

15. MAIDEN NAME Fanny Evans

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

Mo.

17. INFORMANT (ADDRESS)

Dr. G. T. Lively
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenridge, Mo.DATE Feb. 22, 1938

19. UNDERTAKER (ADDRESS)

Gillespie Funeral Home
Sedalia, Mo.

20. FILED

Feb. 221938Jenna Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1938

19

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 141938to Feb 201938I last saw her alive on Feb 20, 1938. Death is saidto have occurred on the date stated above, at 07:20 a.m.

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

Labar pneumonia

Date of onset

Feb 14

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Clinical

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

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)

(Address)

M. D.

