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 MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH

51 County Johnson — Registration District No. 431 — File No. 15020

Township — Primary Registration District No. 3023 — Registered No. 39

City Warrensburg (No. Oak Hill Sanitarium St. Ward)

2. FULL NAME Doryl Duane McWhirt 263

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 1938

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 7 hrs. or min.

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

FATHER
13. NAME Charles R. McWhirt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerview Mo.

MOTHER
15. MAIDEN NAME Ora Belle Yount
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chilhowee Mo.

17. INFORMANT (ADDRESS) Charles R. McWhirt Centerview Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centerview Cem. DATE April 21, 1938

19. UNDERTAKER (ADDRESS) W. F. Wilcox Funeral Service Warrensburg Mo.

20. FILED Apr. 21 1938 Eva Kenley Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to April 20, 1938
I last saw him alive on April 20, 1938. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

160 Injury at Birth — (Head Injury) — Date of onset

Other contributory causes of importance: 163 B.

Name of operation none — 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? no
If so, specify
(Signed) E. R. Cooper, M. D.
(Address) Warrensburg, Mo.

391