

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.

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

Do not use this space.

AUG 10 1938

25826

1. PLACE OF DEATH

County Linn
Township Marceline
City Marceline

Registration District No. 502
Primary Registration District No. 4305
(No. BIB Putman Memorial Hospital)

File No. _____
Registered No. 29
Ward _____

2. FULL NAME Henry Thomas Whiteman

(a) Residence, No. 215 E. Santa Fe St., _____ Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 36 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 2 29

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. Railroad Conductor
10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo.

13. NAME Thomas J. Whiteman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wooster, Ohio

15. MAIDEN NAME Susan Hooker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mansfield, Ohio

17. INFORMANT Mrs Annah Whiteman
(ADDRESS) Marceline Mo.

18. BURIAL, CREMATION, OR REMOVAL Carrollton Mo.
PLACE Oak Hill Cemetery DATE July 31 1938

19. UNDERTAKER John D. Busch
(ADDRESS) Marceline Mo.

20. FILED 7/31 1938 Olive Barnett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to July 28, 1938
I last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 9:40 pm.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset July 28

Other contributory causes of importance:

Essential Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? clin 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? _____
(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) J. B. Putman, M. D.
Marceline Mo.
(Address)

MAR 11 1946