

REC'D OCT 21 1938

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

32357

Do not use this space.

## 1. PLACE OF DEATH

(a) County Iron Registration District No. 391  
(b) Township Arcadia Primary Registration District No. 5546a Registered No. 58  
(c) City Iron Mountain (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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.

2. PRINT FULL NAME George Peter Whitt

(a) Residence, No. Ironton Mo. St.  (Usual place of abode, if no street address, write county or city) (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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ##  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1857  
7. AGE YEARS 80 MONTHS 10 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Retiered  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Iron Mountain Mo.  
(STATE OR COUNTRY)13. NAME Edwin Whitt.14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)15. MAIDEN NAME Jane Mackley.16. BIRTHPLACE (CITY OR TOWN) Ohio.  
(STATE OR COUNTRY)17. INFORMANT Anna Whitt  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL Ironton Mo.  
PLACE Irondale Mo. DATE Sept 22 193819. FUNERAL DIRECTOR Norman White & Sons  
(ADDRESS)20. FILED Sept 28, 1938 R. A. Rascher  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20 193822. I HEREBY CERTIFY, That I attended deceased from 9-19-38, 19\_\_\_\_, to 9-20-38, 19\_\_\_\_.I last saw h. im alive on 9-20-38, 19\_\_\_\_. Death is saidto have occurred on the date stated above, at 8:30 A.

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

myocarditis

Date of onset

Other contributory causes of importance:

nephritis  
prostitieName 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) George C. [Signature], M. D.353 (Address) Ironton, Missouri

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**STATEMENT BY LICENSED EMBALMER**

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

Signed.....

Licensed Embalmer No. ....

**above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with  
stitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH *Iron*  
(a) County.....*Arcadia*..... Registration District No. *391*  
(b) Township..... Primary Registration District No. *5546A* Registered No. *58*  
(c) City..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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.
2. PRINT FULL NAME *George Peter Whitt*  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*w*ith the word) *s*
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*80 10 22*
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- FATHER
13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- MOTHER
15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19  
19. FUNERAL DIRECTOR (ADDRESS)  
20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 20*, 19*38*
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.  
The principal cause of death and related causes of importance were as follows:  
*myocarditis* Date of onset  
*nephritis chronic*  
*Prostatitis*
- 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?  
If so, specify  
(Signed) *George Jay*, M. D.  
(Address) *Stanton mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTAL

S-32357