

DEC 22 1938

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

Do not use this space.

40061

1. PLACE OF DEATH

372 County Pike  
Township Ashley

Registration District No. 683

Primary Registration District No. 4407-5911

File No. ....

Registered No. 7

City (No. ....) St. .... Ward)

2. FULL NAME

James W. Wilhoit

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Sarah J. Wilhoit

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 9 5

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

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) Ashley Township, Pike Co., Mo.

13. NAME Benjamin Wilhoit

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

15. MAIDEN NAME Paline Creig

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

17. INFORMANT (ADDRESS) B. G. Wilhoit, Honda Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Siloam Rd. DATE Nov. 7 1938

19. UNDERTAKER (ADDRESS) H. B. Emore, Bowling Green

20. FILED Nov 4 7 38 Mrs Lysa Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1938

22. I HEREBY CERTIFY; That I attended deceased from 1929 to 11/4, 1938

I last saw him alive on 11/3, 1937 Death is said to have occurred on the date stated above, at 7:20 p.m.

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

Arterio Sclerosis Date of onset

Other contributory causes of importance: Chronic Heart Disease, Chronic Myocarditis

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

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) [Signature] M. D.

(Address) [Address]

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-428

Date Filed 12-15-38