DEC'D FEB 23 1939

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

2131
Do not use this space.

31

1. PLACE OF DEATH

(a) County Daviess 2 Registration District No. 250

(b) Township Monroe Primary Registration District No. 5349 Registered No. 2

(c) City 1 (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 310 John Thomas Whitt

(a) Residence, No. Daviess Co. Missouri 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 XXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1872

7. AGE: YEARS 66 | MONTHS 9 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. General Farming
10. Date deceased last worked at this occupation (month and year) Jan. 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri. 0

FATHER
13. NAME Henry Albert Whitt 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri 0

MOTHER
15. MAIDEN NAME Sarah Elizabeth Place
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

17. INFORMANT (ADDRESS) Clarence Place Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Whitt Cemetery DATE Jan. 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hope Furn. & Und. Co. Gallatin, Mo.

20. FILED Jan. 22, 1939 H. O. Hope
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1939 to 1-21, 1939
I last saw him alive on 1/13, 1939 Death is said to have occurred on the date stated above, at 9:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	1935
46	

Other contributory causes of importance:

Starvation	12/38
Gen. Cachexia	
Dehydration	

Name of operation none Date of
What test confirmed diagnosis? none 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) Edward Crixon M. D.
(Address) Gallatin Mo

(Licensed Embalmer's Statement on Reverse Side)

NOTE: 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Harry A. Hope, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed H. A. Hope

Licensed Embalmer No. 2083

P. O. Address Gallatin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.