

MAR 24 1931

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

Do not use this space.

5205

1. PLACE OF DEATH

39 County Greene Registration District No. 318
3 Township Springfield, Mo. Primary Registration District No. 201
4 City Springfield, Mo. 903 N. Campbell
5 2. FULL NAME Mary Jessie Whitlock St. _____ Ward _____
(a) Residence, No. 903 N. Campbell Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 Female 4. COLOR OF 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) Nov. 3, 1893
7. AGE YEARS 57 MONTHS 3 DAYS 15 If LESS than 1 day, _____ hrs. _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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) 1929 11. Total time (years) spent in this occupation 29
12. BIRTHPLACE (CITY OR TOWN) Springfield, Missouri (STATE OR COUNTRY) _____
13. NAME Mrs. Parter Whitlock
14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) _____
15. MAIDEN NAME Ross
16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) _____
17. INFORMANT Georgia Giesey (ADDRESS) Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Highway DATE 2120 1931
19. UNDERTAKER Alma Salmeyer F. Hame (ADDRESS) 534 St. Louis
20. FILED 2-20 1931 For Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1931
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him dead alive on Feb. 18, 1931. Death is said to have occurred on the date stated above, at 8:45 A.
The principal cause of death and related causes of importance were as follows:
Stripped by hanging
11.5
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? h
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Strangely Date of injury Feb. 18, 1931
Where did injury occur? Springfield, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Hanging by rope in stomach
Nature of injury Strangely
24. Was disease or injury in any way related to occupation of deceased? h
If so, specify _____
(Signed) James C. Stone, Chmn., M. D.
(Address) Springfield, Mo.

