

SEP 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County HenryRegistration District No. 347

Township

Primary Registration District No. 3018City Clinton (No. _____) St. _____ Ward _____2. FULL NAME Mr. Willis Single(a) Residence, No. Carter St. 3 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) wid5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jos. Harve Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5, 18567. AGE YEARS 78 MONTHS 11 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

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.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis mo (STATE OR COUNTRY)13. NAME Edmond Stover Whitehead

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

15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)17. INFORMANT Claud Single (ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Englewood DATE 8-16 193519. UNDERTAKER Cons. also + Beck (ADDRESS) Clinton mo20. FILED aug 19, 1935 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 193522. I HEREBY CERTIFY, That I attended deceased from Dr. J. J. ... 19..., to 8/14, 1935I last saw h.r.t. alive on 10/14, 1935. Death is saidto have occurred on the date stated above, at 10³⁰ A. m.

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

Senesile Calcareous degeneration
of Heart and arteries;
Angine pectoris
Subacute myocardia
Coronary sclerosis
Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No23. 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) Ed. C. Beck, M. D.(Address) Clinton, Mo

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—THIS IS A PERMANENT RECORD

26251

File No. _____

Registered No. _____

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