

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

JAN 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County DeKalb
Township Washington
City (No. St. Ward)

Registration District No. 268
Primary Registration District No. 5360 A

File No. 44251
Registered No. 12

2. FULL NAME William Albert Whitsell

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Moore Whitsell

22. I HEREBY CERTIFY That I attended deceased from Dec 1, 1936 to Dec 27, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1868

I last saw him alive on Dec 27, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

7. AGE YEARS 68 MONTHS 8 DAYS 13 If LESS than 1 day, hrs. or min.

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

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 life

Coronary Thrombosis
Other contributory causes of importance: ARB

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Missouri

Name of operation Date of What test confirmed diagnosis Physi Was there an autopsy?

13. NAME Jerimah R. Whitsell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

15. MAIDEN NAME Sarah Chappell

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Nancy M. Whitsell (ADDRESS) Clarksdale Mo.

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL Clarksdale Cem DATE 12/31-36

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER U. G. Pilcher (ADDRESS) Maysville Mo.

(Signed) J. C. Elliott M. D. (Address) 824 Edison St. Joplin, Mo.

20. FILED Jan 9 1936 Mrs C. A. Davis Registrar.

