

MAY 25 1934

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

Do not use this space.

15360

1. PLACE OF DEATH

97 County Saline Registration District No. 796 ✓
5 Township Amushree Primary Registration District No. 3038
1 City Marshall (No., St., Ward)

2. FULL NAME James B. Whittington

(a) Residence, No. 776 S. Lafayette St. 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 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 Emily Jane Whittington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1850.
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 7 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Painter
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) Howard Co. Missouri

13. NAME Ambrose Whittington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 0

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Emily Jane Whittington
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park DATE April 11, 1934

19. UNDERTAKER R. H. Campbell
(ADDRESS) Marshall, Mo.

20. FILED 4/10/34 1934 W. H. Campbell
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1934 to 4-9, 1934

I last saw him alive on 4-8, 1934 Death is said

to have occurred on the date stated above, at 4:20 p.m.

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

Date of case:

Ac. Paralytic Meningitis
Other contributory causes of importance: Senility

Name of operation none Date of

What test confirmed diagnosis? clinical 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) W. H. Campbell, M. D.

(Address) Marshall, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Saline

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

15360

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: James B Whittington
Who died at _____ on Apr 9 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 83 Months 7 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year m

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Chronic Prostatitis
Acute Parenchymatous Nephritis

Other contributory causes of importance Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar [Signature]

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 796

Primary Reg. Dist. No. 3038

Very truly yours,
E. T. McGaugh, M.D.
S.A.

Special Agent.

