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.

JUN 20 1934

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

Do not use this space.

16132

1. PLACE OF DEATH
County Clinton — Registration District No. 204 — File No.
Township — Primary Registration District No. 3013 — Registered No. 20
City Cameron (No. ..... St. ..... Ward)

2. FULL NAME John Whited
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19 1915
7. AGE: YEARS 19 — MONTHS 3 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
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) Cameron Mo

FATHER
13. NAME James Whited
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Penn~~ Kentucky

MOTHER
15. MAIDEN NAME Lanie Estes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb Co Mo.

17. INFORMANT (ADDRESS) Wm Estes Cameron Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wamsley Cem DATE May 12, 1934
19. UNDERTAKER (ADDRESS) J. W. Poland Cameron Mo
20. FILED 5/12, 1934 D. O. H. Risley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1934, to 5-10, 1934
I last saw him alive on 5-10, 1934 Death is said to have occurred on the date stated above, at 10.15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-28-34
108	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory 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) R. H. Wahl, Jr.
(Address) Cameron Mo