

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

Do not use this space.

JAN 28 1937

43778

**1. PLACE OF DEATH**

County Boone  
 Township Columbia  
 City Columbia

Registration District No. 73  
 Primary Registration District No. 5112

File No. \_\_\_\_\_  
 Registered No. 334  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ollie J. Whitmarsh

(a) Residence, No. Route # 6 St. \_\_\_\_\_ Ward \_\_\_\_\_

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred T. Whitmarsh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 17, 1881</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>8</u>
	DAY <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1936 to 12-16-1936

I last saw h. (s) alive on 12-16-1936 Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 11-28

Other contributory causes of importance: \_\_\_\_\_

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Huston Powell</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Elizabeth Burt</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Fred T. Whitmarsh, Columbia, Mo.</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>12-20-1936</u>
	19. UNDERTAKER (ADDRESS) <u>Parley Funn Co (MHC) Columbia, Mo.</u>
20. FILED <u>12/19/1936</u> <u>Allie Selby</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W.D. Hawthorne, M. D.  
 (Address) Columbia, Mo.

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

