

REC'D APR 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Cole*Registration District No. *213*File No. *10530*Township *3*Primary Registration District No. *3014*Registered No. *97*City *Jefferson City*(No. *825 1/2 E High*)

St.

Ward

2. FULL NAME, *Mary Edna Whitmore* *356*(a) Residence, No. *825 1/2 E High*

St.

Ward.

(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 *Female*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED

MARRIED TO
(or name of)*John Wm. Whitmore*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 5, 1862*

7. AGE

YEARS *76*MONTHS *5*DAYS *14*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*

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) *Bonne County, Mo*
(STATE OR COUNTRY)

FATHER

13. NAME *David Roberts*14. BIRTHPLACE (CITY OR TOWN) *Bonne County, Mo*
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME *Unknown*16. BIRTHPLACE (CITY OR TOWN) *Unknown*
(STATE OR COUNTRY)17. INFORMANT *Mrs. C. S. Cloud*(ADDRESS) *825 1/2 E High, Jefferson City, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *New Hope*DATE *3-22*

1938

19. UNDERTAKER *Nichols Funeral Home*(ADDRESS) *Jefferson City, Mo.*20. FILED *3/24*

1938

*Public Health**Mo**Registrar*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 20, 1938*22. I HEREBY CERTIFY, That I attended deceased from *March 15, 1938*, to *3/20, 1938*I last saw him alive on *3/20, 1938*. Death is said to have occurred on the date stated above, at *1:55 p.m.*

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

*Chr. Sclerotic Myocarditis
Arterio-sclerosis general,*

Date of onset

Other contributory causes of importance: *93C*

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. H. Rambo*, M. D.(Address) *Jeff. city. Mo*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I 20314

