

REC'D JUN 15 1938

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

Do not use this space.

19120

1. PLACE OF DEATH

County Demiseat
Township Hayti
City (No. _____) _____

Registration District No. 653
Primary Registration District No. 5864

File No. _____
Registered No. 47
St. _____ Ward _____

2. FULL NAME

Billy Joe Whitworth

363

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

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY That I attended deceased from 5-27 1938 to 5/28 1938. I last saw him alive on 5-28 1938. Death is said to have occurred on the date stated above, at 3:00 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1904

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 4 2 12

Tentative Colitis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 12313-

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guthrie, Okla.

Name of operation _____ Date of _____
What test confirmed diagnosis Symptom Was there an autopsy? No

13. NAME Clyde W. Whitworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guthrie, Okla.

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. _____

15. MAIDEN NAME Nancy Belle Gammons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guthrie, Okla.

17. INFORMANT (ADDRESS) C. W. Whitworth, Hayti, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove, Hayti, Mo. DATE 5-29, 1938

19. UNDERTAKER (ADDRESS) Hayti, Mo.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

20. FILED 5-28 1938 J. B. Rhodes Registrar.

(Signed) W. R. Linbaugh, M. D.
(Address) Hayti, Mo.

A copy of this certificate is to be filed in the office of the registrar, so that it may be properly classified. Exact statement of OCCUPATION is very important.

