

REC'D JUL 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County CedarRegistration District No. 163File No. 21582Township El DoradoPrimary Registration District No. 5728Registered No. 351City El Dorado (No. 909.5)St. Mo. Ward 324

2. FULL NAME

(a) Residence, No. Raymond Lee Whitesell St. Mo. Ward 324

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 29, 1938

7. AGE

YEARS XMONTHS XDAYS X

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

FATHER

13. NAME Melburn Whitesell

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

Mo.

MOTHER

15. MAIDEN NAME Daisy Lee Wilkerson

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

Mo.

17. INFORMANT (ADDRESS)

Melburn Whitesell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Virgil City DATE June 29, 1938

19. UNDERTAKER (ADDRESS)

El Dorado Springs

20. FILED

6-29-1938 W.D. Dawson Registrar

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

July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 29, 1938, to June 29, 1938I last saw him alive on Stillborn, 1938. Death is said

to have occurred on the date stated above, at m.

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

Stillborn

Date of onset

Other contributory causes of importance: ✓

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. Dawson, M. D.(Address) El Dorado Springs

Exact statement of OCCUPATION is very important.

