

AUG 10 1939

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

25154
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Paplar Bluff Primary Registration District No. 3007 Registered No. 172
(c) City Paplar Bluff (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Donnie Lee Whitlock
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 - 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 9 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paplar Bluff Mo

13. NAME Levi Whitlock 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
FATHER

15. MAIDEN NAME Elizabeth Lamb 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
MOTHER

17. INFORMANT Mrs. Lillian Jordan (ADDRESS) St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL Wayne Co. PLACE Wayne Co. DATE July 11 1939

19. FUNERAL DIRECTOR (NAME) N.T. Phillips (ADDRESS) Paplar Bluff Mo

20. FILED 7/11/39 Local Registrar. 39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1939

22. I HEREBY CERTIFY That I attended deceased from July 6 1939 to July 10 1939
I last saw him alive on July 10 1939. 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:

Acute enterocolitis. July 1 - 1939
Date of onset

Other contributory causes of importance: 119 lb

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 _____, 1939

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) Dr. Herbert M. D.

(Address) Paplar Bluff, Mo

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.