

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.

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

Do not use this space.

## 1. PLACE OF DEATH

County Cass  
Township W. Pleasant  
City 207 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 148  
Primary Registration District No. 5212

39277

File No. \_\_\_\_\_  
Registered No. 26

## 2. FULL NAME

Arthur Whaley M<sup>c</sup>Allister  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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

3. SEX <u>Male</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>Maud M<sup>c</sup>Allister</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26, 1867</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>2</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bethel Ky.</u>		
13. NAME <u>Joseph M<sup>c</sup>Allister</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Virginia Burrow</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
17. INFORMANT <u>Mrs. A. W. M<sup>c</sup>Allister</u> (ADDRESS) <u>Bethel Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill, K.C. Mo.</u> DATE <u>Nov 13, 1939</u>		
19. UNDERTAKER <u>C. R. Beaman &amp; Sons</u> (ADDRESS) <u>Bethel Mo</u>		
20. FILED <u>Nov 11, 1939</u> <u>O. M. Miller</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 9, 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 25, 1938, to June 7, 1939</u> I last saw him alive on <u>June 7, 1939</u> Death is said to have occurred on the date stated above, at <u>7:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Coronary thrombosis</u> <u>Arterial Sclerosis</u> Other contributory causes of importance: <u>946</u>
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) <u>R. M. Whetzel</u> M. D. <u>Bethel Mo</u> (Address) _____

