

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.

26  
AUG 23 1929

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

Do not use this space.

24142

1. PLACE OF DEATH  
County Cole Registration District No. 5297 211  
Township Marion Primary Registration District No. 4128  
City Centertown (No. ....) St. .... Ward)

File No. 4  
Registered No. 211

2. FULL NAME Kinsie Wilhite  
(a) Residence. No. Centertown 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sarah Wilhite  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 25th 1840  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
89 6 4  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)  
10. NAME OF FATHER James Wilhite  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Rebecca Lay  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)

14. INFORMANT Fred Wilhite  
(Address) St. Louis, Mo.

15. FILED 7-31-29 Wm. P. Hutton REGISTRAR  
Deft.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29th 1929  
17. I HEREBY CERTIFY, That I attended deceased from July 8, 1929, to July 29, 1929, that I last saw him alive on July 29, 1929, and that death occurred, on the date stated above, at 12.30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Parenchymatous Nephritis  
(duration) .... yrs. .... mos. 20 ds.  
CONTRIBUTORY Senility  
(SECONDARY) (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 128  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) G. Wilhite, M. D.  
7/30, 1929 (Address) St. Louis, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centertown Cem. DATE OF BURIAL July 31 29

20. UNDERTAKER G. N. Steffens ADDRESS Russellville

