

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4894 [REDACTED]

1 PLACE OF DEATH  
County Muhlenberg  
City Bremen  
Ino. Town  
CityRegistration District No. 1086  
Primary Registration District No. 6815File No. 2Registered No. 33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

: FULL NAME Alfred J. Whitmer

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
(Write the word)6 DATE OF BIRTH  
....., 1.....  
(Month) (Day) (Year)7 AGE 75 yrs. .... mos. 2 ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work farmer  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Mo

## PARENTS

10 NAME OF FATHER Samuel Whitmer11 BIRTHPLACE OF FATHER (State or country) Mo12 MAIDEN NAME OF MOTHER Susan Whitmer13 BIRTHPLACE OF MOTHER (State or country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Donald Whitmer(Address) Bremen Mo15 Filed Mar 10, 1930 Dollie Robertson  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9/14, 1930  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to 9/14, 1930, that I last saw him alive on 9/14, 1930, and that death occurred on the date stated above at .....m. The CAUSE OF DEATH\* was as follows:DiabetesContributory Suburging pneumonia  
(SECONDARY)(Signed) W. H. Moore, M. D.  
7/15, 1930 (Address) Sacramento

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Briar Creek DATE OF BURIAL 9/16, 193020 UNDERTAKER J. P. Becker ADDRESS Bremen Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

11. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.