

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
FEB 6 1924
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

CHARLES W. BRYAN, GOVERNOR
 DEPARTMENT OF HEALTH AND WELFARE

1 PLACE OF DEATH
 County Dixon State Nebraska Registered No. 5692
 Township _____ or Village _____
 City Ponca No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number.)
 2 FULL NAME John P. Whitlock Ward First
 (a) Residence No. _____ (If non-resident give city or town and state)
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male Color of Race White 5 Single, Married, Widowed, or Divorced (Write the word) Widower

5a If Married, Widowed, or Divorced HUSBAND of _____ (or) WIFE of _____

6 DATE OF BIRTH (Month, day, and year) April 26 1850

7 AGE Years 74 Months 1 Days 12 If LESS than 1 day. hrs. or min.

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) New York
 (State or country)

10 NAME OF FATHER Benajah Whitlock

11 BIRTHPLACE OF FATHER (City or town) _____
 (State or country)

12 MAIDEN NAME OF MOTHER Loise Apgar

13 BIRTHPLACE OF MOTHER (City or town) _____
 (State or country)

14 Informant Mrs. Hattie Porter
 (Address) Ponca Nebr

15 Filed Jan 27 1924 J.M. Newlin
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day, and year) June 12 1924

17 I HEREBY CERTIFY that I attended deceased from 6-6-1924 to 6-11-1924
 that I last saw him live on 6-11-1924

and that death occurred, on the date stated above, at 6 A.M.
 The CAUSE OF DEATH was as follows:
Cerebral hemorrhage

(duration) 74 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where Was Disease Contracted if Not at Place of Death?

Did an Operation Precede Death? No, Date of _____
 Was There an Autopsy? No

What Test Confirmed Diagnosis? None
 (Signed) R.A. Evans M.D.

6-12-1924 Address Ponca Nebr

(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. (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal Date of Burial
Ponca Cemetery June 13 1924

20 Undertaker J.A. Mohr #35 Address Ponca