

**1 PLACE OF DEATH**

County of Franklin Registration Dist. No. 252

Vandalia Township Road Dist. Village City Primary Dist. No. 3179

Street and Number, No. S. Randolph St.; Ward, \_\_\_\_\_ Hospital, \_\_\_\_\_

STATE OF ILLINOIS ORIGINAL  
Department of Public Health—Division of Vital Statistics

**STANDARD CERTIFICATE OF DEATH** 83

Registered No. 7 (Consecutive No.)

**2 FULL NAME** W. W. Whitlock

(a) Residence No. \_\_\_\_\_ (Usual place of abode) St.; Ward, \_\_\_\_\_ (If non-resident give city or town and State)

Length of residence in city or town where death occurred: 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Widowed

6a If married, widowed or divorced HUSBAND of (or WIFE of) Lara O. Whitlock

6 DATE OF BIRTH Jan 13 1892  
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min. 90 11 18

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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH** 151

16 DATE OF DEATH Dec 21 1977  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 14 1927 to Dec 31 1977 that I last saw him alive on Dec 31 1977 and that death occurred, on the date stated above, at \_\_\_\_\_ m. (The CAUSE OF DEATH\* was as follows: Orchid Hemiplegia of feet)

(Duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Secondary) Stroke (Duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (city or town) Not Known (State or Country) \_\_\_\_\_

10 NAME OF FATHER James Whitlock

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or Country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or Country) \_\_\_\_\_

18 Where was disease contracted, if not at place of death? Home

Was an operation performed? No Date of \_\_\_\_\_ For what disease or injury? None

Was there an autopsy? No What test confirmed diagnosis? Exam

(Signed) J. Z. Morry M. D. Address Vandalia, Ill. Date Jan 2 1978 Telephone 13516

\*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.

14 INFORMANT Nina C. Taylor (personal signature with pen and ink) P. O. Address 21 Vandalia Ill.

15 Filed Jan 2 1978 Don Council Registrar. P. O. Address Vandalia Ill.

19 PLACE OF BURIAL OR REMOVAL Macap Co 21 DATE OF BURIAL Jan 9 1978

20 UNDERTAKER Barber & Barber ADDRESS Vandalia Ill.

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

SPRINGFIELD

DECEMBER 21, 1981

STATE REGISTRAR—VITAL RECORDS  
Robert Langston  
 DEPUTY STATE REGISTRAR

THIS IS NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEAL AND SIGNATURE OF THE STATE REGISTRAR