| ORIG   | GINAL 029 1496   |
|--|--|
| STANDARD CERTIFICATE OF DEATH DEPARTMENT OF VITAL STATISTICS STATE OF 10WA   |  |
| 1 PLACE OF DEATHY / MAR  |  |
| Township Burling ton State Sound Registered No. 1893.  |  |
| City Burling tay No Burlington Horp. St  |  |
| 2 FULL NAME Chas, C. Whitham a hospital or institution, give its name instead of street and number)                                |  |
| (a) Residence. No. 1529- Rinceline. St., Ward  |  |
| 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.       |  |
| PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE   5 Single, Married, Widowed.  | MEDICAL CERTIFICATE OF DEATH   |
| M. White Manie   | 16 DATE OF DEATH (month, day, and year) fully 29 1925  |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of 94   | of HEREBY CERTIFY, That I attended decembed from   |
| Mrs Minnie May Hatham  | July 2 19 2 5 , to July 29 , 19 33,  |
| 6 DATE OF BIRTH (month, day, and year)   | and that death occurred, on the date stated above, at 3 45 m.  |
| 7 AGE Years Months Days If less than 1 day,hrs.  | THE CAUSE OF PEATH*was as follows:   |
| 8 OCCUPATION OF DECEASED   | CASO 100 MOS-SC  |
| (a) Trade, profession, or Calinet Maker.   | \\\\\  |
| (b) General nature of Industry, business, or establishment in which employed (or employer) copolid Beak. Co.  (c) Name of employer | (duration) yrs. mos. 2 ds.   |
| BIRTHPLACE (city or town) Burlington (State or country)  | (Secondary)(duration) yrs. mos. ds.  18 Where was disease contracted   |
| 10 NAME OF FATHER GLOVGE Whitham   | if not at place of death?Date ofDate of  |
| 11 BIRTHPLACE OF FATHER (city or town)   | Was there an autopsy?  |
| (State or country)   | What test confirmed diagnosis? (Signed) 155 Cambbell M.D.  |
| 12 MAIDEN NAME OF MOTHER   | (Signed) M. D.   |
| 13 BIRTHPLACE OF MOTHER (city or town)   | *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.) |
|  | cidal. (See reverse side for additional space.)  19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL   |
| Informant fla Would Mundan   | and  |
| (Address) Bushington Ja.   | Morring Seen, Sq king 2 1925  20 UNDERTAKED ADDRESS  |
| iled /31 , 1925 Magdalena M. Jaro  | Westerkinchen Bulist   |
| U V  | - Survey , were survey you   |
|  |  |

"Iowa, U.S., Death Records, 1880-1904, 1921-1952," database with images, *Ancestry.com* (http://www.ancestry.com: accessed 13 Oct 2022), entry for Chas Whitham d. 1925; citing Iowa, Deaths, 1920-1951, State Historical Society of Iowa, State Archives, Des Moines, Iowa.

## Iowa, U.S., Death Records, 1880-1904, 1921-1952

## Record Index

Name: Chas C Whitham

Maiden Name:

Gender:

Race:

**Marital Status:** 

**Age:** 57

Birth Date: 1868

**Birth Place:** 

Death Date: 29 Jul 1925

Death Place: Burlington Township,

Des Moines, Iowa, USA

Burial Date: Burial Place:

Father: George Whitham

Spouse: Minnie May Whitham

Certificate Number: 291496

## Source Information

Record Url: https://www.ancestry.com/imageviewer/collections/61442/images/101768590\_02134

Source Citation: State Historical Society of Iowa; Des Moines, Iowa; Iowa Death Records, 1888-1904

Source Information Ancestry.com. *Iowa, U.S., Death Records, 1880-1904, 1921-1952* [database on-line]. Lehi, UT, USA:

Ancestry.com Operations, Inc., 2017.

Original data: Iowa Deaths, 1880-1904. State Historical Society of Iowa, State Archives, Des Moines, Iowa, Deaths, 1920-1951.

State Historical Society of Iowa, State Archives, Des Moines, Iowa.