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

Do not use this space.

File No. 40331

Registered No. 12376

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 10003

City St Louis Mo. (No. 2702 Lucas Ave St. ..... Ward)

2. FULL NAME William Whitmore

(a) Residence. No. 2702 Lucas Ave St., 21 Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-29-1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	8	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Whitmore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas

12. MAIDEN NAME OF MOTHER Carrie Kelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ark.

14. INFORMANT Carrie Whitmore
(Address) 2702 Lucas Ave

15. FILED Dec 30 1926 Max L. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1926

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1926 to Dec 26, 1926 that I last saw him alive on Dec 26, 1926 and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio-Pneumonia
Primary
Influ 16 days
Ind C (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Bronchitis
..... (duration) ..... yrs. 2 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? .....
(Signed) H Moore, M. D
Dec 27, 1926 (Address) 1336 Franklin

*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 Greenwood Cemetery — DATE OF BURIAL Dec 30th 1926

20. UNDERTAKER A. L. Beal — ADDRESS 2786 Lucas Ave

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.

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