

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

Do not use this space.

6100

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. City Wash. No. 2)

File No. \_\_\_\_\_  
Registered No. **1270**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. **2405 Franklin St.** **H** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **10** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **negro** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **not known**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 25, 1876**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**50 1 4**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **nil**  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**

10. NAME OF FATHER **Joseph Whitley**

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

12. MAIDEN NAME OF MOTHER **Louise Harmon**

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

14. INFORMANT (Address) **Anna J. Woodard City Hospital #2**

15. FILED **FEB 5 1927** **max B. Starceff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 3 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 27** 19**26** to **Feb 3** 19**27**, and that I last saw him alive on **Feb 3 3:30 p.m.** 19**27**, and that death occurred, on the date stated above, at \_\_\_\_\_

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Toxemia - Red sores (organism unknown)**

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) **Hemiplegia - Hemorrhage - Old skull fracture**  
(duration) **2 yrs.** mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED **while working on a building 2 yrs. ago**  
**a piece of steel fell on his head**  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
**accident**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical & laboratory**  
(Signed) **J. W. Gray** M. D.  
, 19 (Address) **City Wash. D.C.**

\*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 **Receipt Miss;** DATE OF BURIAL **Feb 5 1927**  
**St. Louis, Mo.** ADDRESS **2726**

20. UNDERTAKER **W. B. Deal** **Spencer**

X. 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.

THIS IS A PERMANENT RECORD

