

WAR 28 1930

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

Do not use this space.

6168  
99

1. PLACE OF DEATH

County St. Francois

Registration District No. 274

Township Far River

Primary Registration District No. 20180

City Far River (No. 4465)

File No. 99

Registered No. 6168

St. \_\_\_\_\_ Ward)

2. FULL NAME

Maud Belle Whelen

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20, 1930

17. I HEREBY CERTIFY, That I attended deceased from 8:00 1930 to July 20, 1930, and that I last saw her alive on June 20, 1930, and that death occurred, on the date stated above, at 11:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Endocarditis, Pericarditis  
92A  
90 B  
87 D

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

Tom Whelen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

57

6

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

General Housework

(c) Name of employer

self

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

CONTRIBUTORY (SECONDARY)

Hemiplegia

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. C. Rohrbach, M. D.

7/21, 1930 (Address) Far River Mo

\*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.

10. NAME OF FATHER

Thomas Reers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

Mary Primm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

14. INFORMANT

Rosea Reber

(Address)

Far River Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Hamington

DATE OF BURIAL

2/23 1930

15. FILED

Feb 28, 1930

W. J. Bryan

REGISTRAR

20. UNDERTAKER

J. B. Boyer

ADDRESS

Leadbetter

Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

