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

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.

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

Do not use this space.

3622

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4229 Arco Ave St. ..... Ward)

File No. .....

Registered No. 855

2. FULL NAME Jean Marlene Whitehead

(a) Residence. No. 4229 Arco St., 18 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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11, 1931

7. AGE: YEARS 0 | MONTHS 0 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

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): None

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Olan Whitehead

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

12. MAIDEN NAME OF MOTHER: Cyrus Whitehead

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jonesboro Arkansas

14. INFORMANT: Olan Whitehead
(Address) 4229 Arco Ave

15. FILED 22 1931 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1931, to Jan 21, 1931 that I last saw her alive on Jan 21st, 1931, and that death occurred, on the date stated above, at 11 20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Debility due to Premature Birth

159

152 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 159 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. E. Chase, M. D.

Jan 22, 1931 (Address) 4315a Manchester ave

*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: Jonesboro Arkansas

DATE OF BURIAL: Jan 22 1931

20. UNDERTAKER: Luegshauser Und Co

ADDRESS: 4104 Manchester