

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.

6683

1. PLACE OF DEATH

County Ball Registration District No. 726
 Township Saverton Primary Registration District No. 0908
 City Gloucester (No. Gloucester St. Ward)

2. FULL NAME

Charles Edward Whitley Jr.
 (a) Residence. No. Gloucester 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gloucester
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Charles E. Whitley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Canton
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Clara Ross

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

14. INFORMANT Mr. Charles E. Whitley Jr.
 (Address) Gloucester Mo.

15. FILED 9-10 1931 James Ragan
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-25-1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1931, to Feb. 20, 1931
 that I last saw him alive on Feb. 24, 1931, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Pneumonia

7 107A (duration) yrs. mos. ds. 5
 CONTRIBUTORY measles

(SECONDARY) (duration) yrs. mos. ds. 8

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. E. Salter M. D.

, 19 (Address) Humboldt 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gloucester Mo.

Marble Creek DATE OF BURIAL 2-26-1931

20. UNDERTAKER James O'Donnell ADDRESS Humboldt

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