

WRITE CLEARLY, 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.

JAN 9 1933

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

Do not use this space.

36566

1. PLACE OF DEATH
 74 County Madaway Registration District No. 625
 9 Township Both Primary Registration District No. 3031
 City Madaway (No. _____) St. _____ Ward _____

2. FULL NAME Howard Lawrence Whaley
 (a) Residence, No. 509 N. Main 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.

File No. _____
 Registered No. 1035
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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 X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 8 1

8. Trade, profession, or particular kind of work done, as at home
 sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville, Mo.

13. NAME Gerald Douglas Whaley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville, Mo.

15. MAIDEN NAME Myrtle Frances Haran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville, Mo.

17. INFORMANT Paul Whaley
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Hill - Marionville DATE Nov-19-1932

19. UNDERTAKER Commis Fun Co
 (ADDRESS)

20. FILED 11-19 1932 Manie E. Clerdy
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1932 to Nov. 18 1932
 I last saw him alive on Nov. 18 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Scarlet fever involving
Larynx + bronchi
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) H. S. Ross M. D.
 (Address) Marionville Mo.

