

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

Do not use this space.

21254

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 003
City St. Louis, Mo. (No. City Infirmary)

File No.
Registered No. 5034
St. Ward)

2. FULL NAME

Larry Whittley
(a) Residence, No. City Infirmary St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. 7 mos. ? ds. How long in U. S., if of foreign birth? 39 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2, 1845</u>		
7. AGE <u>88</u> yrs	YEARS <u>3</u>	MONTHS <u>?</u>
	DAYS <u>?</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Roller mills</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1926</u>	
	11. Total time (years) spent in this occupation <u>70 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
MOTHER FATHER	13. NAME <u>John W. Whittley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Johanna</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>M. Eflinger</u> (ADDRESS) <u>5806 Abbeville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>June 9, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>J. F. Gebken, P. O. 2842 Meramec St. St. Louis, Mo.</u>		
20. FILED <u>1933</u> <u>J. H. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933, to June 7, 1933

I last saw h. w. alive on June 7, 1933 Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:
Senility
97
97
162

Date of onset

Other contributory causes of importance:
Microsceraxis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 John P. Lauruel M. D.
(Signed) John P. Lauruel
(Address) Salvation Army

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.

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