

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis (No. 2110 Biddle)

Registration District No. 781
Primary Registration District No. 1008
En Route City Hospital #2

File No. 24596
Registered No. 5984
St. Ward)

2. FULL NAME

(a) Residence, No. Mose Whitley St. M Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1908

7. AGE YEARS 25 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poster
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) Ark.

13. NAME M. Whitley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

15. MAIDEN NAME Matha Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT Jena Whitley (ADDRESS) 2110 Biddle

18. BURIAL, CREMATION, OR REMOVAL PLACE Mission Ark DATE 7/8 1933

19. UNDERTAKER E. W. Key holds under (ADDRESS) 2915 Franklin Ave

20. FILED Jul 8 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1933

22. I HEREBY CERTIFY, That attended deceased from En Route City Hospital #2, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4129 m.

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

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1030
Haemorrhage due to gunshot wounds perforating heart & lungs.

Other contributory causes of importance:
Justifiable Homicide

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Justifiable Homicide Date of injury 7/2, 1933

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In Home

Manner of injury Shot by person
Nature of injury Gunshot Wounds of Heart

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) Harold H. Shuck
(Address) Republican

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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