

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

Do not use this space.

31202

1. PLACE OF DEATH

County..... Registration District No. 161
Township..... Primary Registration District No. 1B3
City Saint Louis (No. 2109a Chestnut Street) St. Ward)

File No.....
Registered No. 7898

2. FULL NAME Rose Whimbley

(a) Residence, No. 2109a Chestnut Street, 21 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WHO WAS YOUR SPOUSE?
X HUSBAND OF Dan Whimbley
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
About 63

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

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. Unava

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lounds County Mississippi

13. NAME Thomas Aaron

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

15. MAIDEN NAME Allene Steward

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

17. INFORMANT (ADDRESS) Dan Whimbley 2109a Chestnut Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Sept. 12, 1933

19. UNDERTAKER (ADDRESS) Charles J. Bates 4107 Finney Avenue

20. FILED J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 5th, 1933, to Sept 7th, 1933

I last saw h. or f. alive on Sept. 7th, 1933 Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Carcinoma of Gall Bladder

Other contributory causes of importance: 46

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? N.O.

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? N.O.
If so, specify.....
(Signed) B. G. Biedeck, M. D.
(Address) 928 N. 14th

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.

FILED 20 1933

WHILE EXAMINING WITH ON-PAGING INK—THIS IS A PERMANENT RECORD

