

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 4 1894

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

Do not use this space.

36212

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. St. John's Hosp) St. _____ Ward _____
 2. FULL NAME William C. Whaley
 (a) Residence, No. Greenfield, Mo. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4, 1878</u>				
7. AGE YEARS <u>55</u>	MONTHS <u>1</u>	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mail Carrier</u>				
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) <u>Opera Missouri</u>				
13. NAME <u>Tom E. Whaley</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>				
15. MAIDEN NAME <u>Waley Boucher</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co Missouri</u>				
17. INFORMANT (ADDRESS) <u>Tom W. Whaley Greenfield, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenfield, Mo. DATE Nov 13 1893</u>				
19. UNDERTAKER (ADDRESS) <u>German Lohmeyer Springfield, Mo.</u>				
20. FILED <u>11-13 1933</u> <u>Ralph W. Dangelon</u> Registrar				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 1933
 22. I HEREBY CERTIFY, That I attended deceased from 11-10-1933 to 11-13-1933
 I last saw him alive on 11-13 1933. Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:
Acute Cholecystitis perforated, free bleed. Date of onset 11-1-33
127A
127B
 Other contributory causes of importance:
Shock following operation
 Name of operation Laboratory Cholecystectomy Date of 11-15-33
 What test confirmed diagnosis? opt 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) W. H. Hagebauer, M. D.
 (Address) Springfield Mo

