

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

Do not use this space.

40750

JAN 26 1934

**1. PLACE OF DEATH**

County Miller  
Township Saline  
City near Eldon (No. \_\_\_\_\_)

Registration District No. 561  
Primary Registration District No. 5755

File No. \_\_\_\_\_  
Registered No. 64  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emaline Whalen

(a) Residence, No. \_\_\_\_\_ 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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Whalen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	3	7	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

13. NAME Gaseneuer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) George Whalen Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee Bend DATE DEC 23 1933

19. UNDERTAKER (ADDRESS) W. A. Yarns Eldon Mo

20. FILED 12-22 1933 Belle Harnes Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1933 to Dec 22 1933

I last saw her alive on Dec 20 1933 Death is said to have occurred on the date stated above, at 1:20 p.m.

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

Pneumonia  
1943  
109 A  
fractured hip  
on Dec 19 1940

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? If so, specify \_\_\_\_\_

(Signed) W. S. Gillee, M. D.  
(Address) Eldon Mo

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.

