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.

FEB 27 1934

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

Do not use this space.

ISOLATION HOSPITAL

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3250

Township ..... Primary Registration District No. 1003 Registered No. 910

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME Nathen Whitley

(a) Residence, No. 3114 Hickory St. ✓ Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1933

7. AGE: YEARS 1 MONTHS 0 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) St Louis Missouri

FATHER

13. NAME Archie Whitley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Noble Denwidde
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) Leona Burns 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk DATE 1/25 1934

19. UNDERTAKER (ADDRESS) A Russell Ind Co 2732 Emma Blvd

20. FILED ..... 1933 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934 to Jan 18, 1934
I last saw him alive on Jan 18, 1934 Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

Pertussis — Date of onset 12-22

9
107 A

Other contributory causes of importance:

Bronchopneumonia

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) John Eschenbauer, M. D.
(Address) ISOLATION HOSPITAL