

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1003**
 City *St. Louis* (No. *4644* Page *30*) St. _____ Ward _____
 File No. **21881**
 Registered No. **5620**

2. FULL NAME

(a) Residence, No. *4644* Page *30* St. *17* 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 *Female*
 4. COLOR OR RACE *White*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Benjamin R. Whitlow*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 7 - 1849*
 7. AGE YEARS *85* MONTHS *10* DAYS *27* If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*
 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

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from *June 4, 1934*
 I last saw him alive on *June 3, 1934* Death is said to have occurred on the date stated above, at *7:30 a.m.*
 The principal cause of death and related causes of importance were as follows:
Hypostatic pneumonia (lobar) Date of onset *6-1-34*
1001
130
77
 Other contributory causes of importance:
Chronic pyocystitis
arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*
 13. NAME *James Ross*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *USA*
 15. MAIDEN NAME *Mary Plumer*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *USA*
 17. INFORMANT (ADDRESS) *Frank M. Whitlow 4644 Page an*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Delhi, Missouri* DATE *June 6, 34*
 19. UNDERTAKER (ADDRESS) *Wilson S. Ellis 2707 N. Grand St*
 20. FILED *5 1034 19* *J. H. Reddeck* Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify *Hayfever* M. D.
 (Signed) _____ (Address) *624 Union*

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

