DEC 19 1934

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

Do not use this space.

File No. 40398

Registered No.

1. PLACE OF DEATH

County Ralls

Township Clay

City (No. St. Ward)

Registration District No. 728

Primary Registration District No. 5961

2. FULL NAME William M. Whaley

(a) Residence, No. R.F.D. Hannibal 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Born Jan 7 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	10	2	

OCCUPATION

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

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) Marion Co. Missouri

FATHER

13. NAME Wm H Whaley

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

MOTHER

15. MAIDEN NAME Willie Ann Nichols

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

17. INFORMANT (ADDRESS) Mrs Carrie Whaley

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clydburg DATE Nov 21 1934

19. UNDERTAKER (ADDRESS) Wm M Smith Hannibal Mo.

20. FILED Nov 19 1934 Marvin Short Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 19. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Nov 19, 1934

I last saw him alive on Nov 18, 1934 Death is said to have occurred on the date stated above, at 7:50 AM

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

	Date of onset
Paralysis agitans	1926
818	
1338	
1358	
Other contributory causes of importance:	
Cystitis & Pyelonephritis	1934

87 61

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) H B Norton, M. D.

(Address) Hannibal 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.

87

Dr. Wm. M. Smith