

FB 2 1925

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

Do not use this space.

4930

1. PLACE OF DEATH

County *Franklin*
Township *Central*
City (No. _____) _____

Registration District No. *294*
Primary Registration District No. *5409B*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME *Whelan Bland*

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>B</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>S</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>N</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>11-10-1914</i>		
7. AGE YEARS <i>20</i>	MONTHS <i>2</i>	DAYS <i>9</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>journal</i>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Robertsville Mo.</i>		
13. NAME <i>Geo. Bland</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Naperville Mo.</i>		
15. MAIDEN NAME <i>Annis O'Leary</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Old Mines Mo.</i>		
17. INFORMANT (ADDRESS) <i>Geo. Bland Robertsville Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Robertsville Mo.</i> DATE <i>2-9-1935</i>		
19. UNDERTAKER (ADDRESS) <i>Cory & Co. S. E. Clark</i>		
20. FILED <i>Feb 9 1935</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-8-35*

22. I HEREBY CERTIFY, That I attended deceased from *2-5-35* to *2-8-35*

I last saw *him* alive on *2-5-35*, 19*35*. Death is said to have occurred on the date stated above, at *11 P.* m.

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

Tuberculosis of lung

Other contributory causes of importance:

Name of operation *None* Date of _____
What test confirmed diagnosis? *Chemical* 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 *W. E. Kitchell*, M. D.
(Signed) _____
(Address) *St. Clair*

WRITE PERMANENTLY, 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.

