

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-3-28-35

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.

NOV 1 1935

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  
Township..... Primary Registration District No. 1002  
City St Louis (No. East Point to High)

File No. 34463  
Registered No. 8902  
St. .... Ward)

2. FULL NAME

Clark R. Whitman  
(a) Residence, No. 4207 Arcs. St. 18 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or name of) Olive

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5. 1888

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
47 2 17

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

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) Clay Co. Illinois

13. NAME John Whitman

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Clark Whitman  
716 N. Perry, Passaic, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Oct. 25 1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister U & L Co.  
1714 So. Broadway, St. Louis

20. FILED 24 1935 J. F. Bredeck Registrar

No. 111 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....  
I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 4:20 P.M.

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

Coronary Thrombosis  
Coronary Sclerosis.  
Arteriosclerosis.

Other contributory causes of importance: 948

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes.

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) Garold S. Chubb, M. D.  
(Address) Desper,

