FEB 13 1936

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

Do not use this space.

6755

1. PLACE OF DEATH
County Macon
Township Hudson
City Macon (No. ..... St. ..... Ward)

Registration District No. 533
Primary Registration District No. 3027

File No. .....
Registered No. 8

2. FULL NAME Claude W. Whyles

(a) Residence, No. ..... St., ... Ward. Macon Mo
(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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mary E. Whyles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1896

7. AGE: YEARS 39 MONTHS 8 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Special night
10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo

FATHER
13. NAME John Whyles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Mary Price Graves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

17. INFORMANT (ADDRESS) Mary E. Whyles Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem DATE 2 - 4 1936

19. UNDERTAKER (ADDRESS) Stephens & Gooding Macon, Mo

20. FILED 2/8 1936 Lesta Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3- , 1936

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 12 15 a.m.
The principal cause of death and related causes of importance were as follows:

Killed by gunshot wounds Feb. 1, 1936. 10:30 P.M.

Date of onset

Other contributory causes of importance: (Chest and abdomen)

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? HOMICIDE Date of injury FEB 1, 1936
Where did injury occur? MACON MO
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gunshot Wound
Nature of injury Homicide

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W H Gooch, M. D.
(Address) Elmer Mo