

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUL 22 1936

23229

1. PLACE OF DEATH

County Jasper
Township Carterville
City Carterville (No.)

Registration District No. 4081
Primary Registration District No. 11212

File No.
Registered No.
St. Ward)

2. FULL NAME

Miss Ghena Whitley
(a) Residence, No. 306 N. Fountain St., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 .1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Whitley

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1936, to 6-27, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30, 1852

I last saw him alive on 6-27, 1936. Death is said to have occurred on the date stated above, at 12:45 a.m.

7. AGE YEARS 83 MONTHS 9 DAYS 28
If LESS than 1 day, hrs. or min.

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

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

Coronary Block of heart muscle
Date of onset
Other contributory causes of importance
Aut

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER FATHER 13. NAME Jackson Jennings

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

MOTHER FATHER 15. MAIDEN NAME Hanna Lippert

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

17. INFORMANT (ADDRESS) William Whitley, Carterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville, Mo. DATE 6/28, 1936

19. UNDERTAKER (ADDRESS) W. H. City Undertaking Co., Carterville, Mo.

20. FILED 6/27, 1936 J. W. Clark Registrar.

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) W. H. City M. D.
(Address) W. H. City

