

SEP 15 1936

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

32597

Township.....

City St. Louis, Mo. (No. City Hospital No. 2)

1003

File No.....

Registered No.....

8469

St. .... Ward)

2. FULL NAME Carria Whiting

(a) Residence, No. 425 S. 29th Ewing 18 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Whiting

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1904

7. AGE YEARS MONTHS Days If LESS than 1 day, .....hrs. or .....min.  
32 6 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Miss.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ruby Perdeau  
2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Como Miss DATE 8-14 1936

19. UNDERTAKER (ADDRESS) Woods  
Chinglar  
AUG 14 1936

20. FILED AL 19 36  
J. F. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 19 36

22. I HEREBY CERTIFY, That I attended deceased from 8-5- 1936, to 8-8- 1936

I last saw her alive on 8-8- 1936. Death is said to have occurred on the date stated above, at 7:20 P. M.

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

Diabetes Mellitus Date of onset 8-5- 1936

59

Other contributory causes of importance:  
Multiple Furunculosis;  
Infection of Lt. Hand  
of Diabetes

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical 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 .....

(Signed) A. J. Ferris M. D.  
(Address) City Hospital #2

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.

