

MAR 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County AdairRegistration District No. 497<sup>4</sup>/<sub>300</sub>File No. 4791

Township

Primary Registration District No. 4-3-0-0Registered No. 6City Russell Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Blanche Whaley(a) Residence, No. Browning, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Edgar Whaley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 18847. AGE YEARS 52 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kidg. Pharmacist9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 111.10. Date deceased last worked at this occupation (month and year) Feb 1937 11. Total time (years) spent in this occupation 2612. BIRTHPLACE (CITY OR TOWN) Scottville Mo (STATE OR COUNTRY) Lincoln Co Mo13. NAME David L. Whaley14. BIRTHPLACE (CITY OR TOWN) Lee Co Iowa (STATE OR COUNTRY)15. MAIDEN NAME Alphia P. Tunnel16. BIRTHPLACE (CITY OR TOWN) Scottville Mo (STATE OR COUNTRY) Lincoln Co Mo17. INFORMANT Mrs. Blanche Whaley (ADDRESS) Browning Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE First Ave DATE 2-28-3719. UNDERTAKER R. W. Hummer (ADDRESS) Browning Mo.20. FILED Feb 27 1937 Miss Dora Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 193722. I HEREBY CERTIFY, That I attended deceased from Feb 16 1937 to Feb 18 1937I last saw him alive on Feb 18 1937 Death is saidto have occurred on the date stated above, at 2:45 P.M.

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

PneumoniaDate of onset 2-16-37Other contributory causes of importance: 18

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? no

If so, specify \_\_\_\_\_

(Signed) W. S. Crank(Address) Russell Mo.

WRITE PLAINLY 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.

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

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**1. PLACE OF DEATH**

County cedair Registration District No. 4 File No. 4791  
 Township \_\_\_\_\_ Primary Registration District No. 3001 - Registered No. 479166  
 City Kirksville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Claude Whaley  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Clara Whaley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1884

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.  
52 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Redg's Pharmacy

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) Feb 1937 Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creston Mo

13. NAME David W. Whaley

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

15. MAIDEN NAME Alphia Linn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creston Mo

17. INFORMANT (ADDRESS) Mrs. Claude Whaley  
Crowning

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson DATE 2-21 1937

19. UNDERTAKER (ADDRESS) W. Hughey  
Exonville

20. FILED Apr 12 1937 Spencer Thacker Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1937, to 2-18 1937.  
 I last saw him alive on Feb 18 1937. Death is said to have occurred on the date stated above, at 2:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

pneumonia,  
lobar pneumonia

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation Clinical 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) A. B. Crant M. D.  
 (Address) Kirksville Mo

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.

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