

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

Do not use this space.

MAR 25 1937

7755

1. PLACE OF DEATH

County Ralls
Township Salt River
City Perry, Mo.

Registration District No. 727
Primary Registration District No. 5959

File No. 10
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Perry, Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Birdie Whalen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 8,</u>		
7. AGE <u>73</u>	YEARS <u>3</u>	MONTHS <u>3</u>
		DAYS <u>3</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jesseville, Mo.</u>	
	13. NAME <u>John Whalen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Brening</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Birdie Whalen</u> <u>Perry, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul</u> DATE <u>Feb. 13, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Clyde C. Wilbey</u> <u>Perry, Mo.</u>		
20. FILED <u>2-27, 1937</u> <u>St. Paul, Mo.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936 to Feb 11, 1937

I last saw him alive on Jan 1, 1937 Death is said to have occurred on the date stated above, at 12 noon.

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

Date of onset _____

Other contributory causes of importance: 77

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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) John Brening, M. D.
(Address) _____

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.

