

FEB 27 1937

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**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS** (No. **4926 Page, Ave**) St. _____ Ward _____
Registered No. **8502**
1957

2. FULL NAME **PAJPH FARPAP WHITRY**

(a) Residence, No. **4926 Page Ave.** St. **12** 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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF RICHMOND WHITRY		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24th, 1865		
7. AGE	YEARS 41	MONTHS 1
	DAYS 20	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ICE & COAL	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DEALER	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) **BERRYMAN, MISSOURI.**
(STATE OR COUNTRY)13. NAME **GEORGE WHITRY**14. BIRTHPLACE (CITY OR TOWN) **BERRYMAN, MISSOURI.**
(STATE OR COUNTRY)15. MAIDEN NAME **LEVINA FARRAR**16. BIRTHPLACE (CITY OR TOWN) **BERRYMAN, MISSOURI.**
(STATE OR COUNTRY)17. INFORMANT **DR. RICHMOND WHITRY**
(ADDRESS) **4926 Page Ave**18. BURIAL, CREMATION, OR REMOVAL
PLACE **NOTES, MO.** DATE **Feb. 16th, 1937**19. UNDERTAKER **Topmeyer & Mearns**
(ADDRESS) **Chilhowie, Mo.**20. FILED **1937**
J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 13th, 1937**22. I HEREBY CERTIFY, That I attended deceased from **August 1936, 19** to **2-13-37, 19**I last saw **him** alive on **2-13-37, 19** Death is saidto have occurred on the date stated above, at **11:30p.**

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

Date of onset

Pulmonary Tuberculosis **Approx. 4yrs**

Other contributory causes of importance:

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) **J. J. Bryan** M. D.(Address) **3199 S. Grand Bl.**

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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FORM 1-20-34 X7044

3199^e S. Grand
11-12. P.M.
La-6527