DEC 13 1937

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

39951
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital 791

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 10938

(c) City St. Louis (d) Street No. 2601 N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julia Whitney

(a) Residence, No. 6211 S Broadway St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Nemiah Whitney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	--	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) November, 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De-Sota Missouri

FATHER

13. NAME Charlie Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

MOTHER

15. MAIDEN NAME Annie Blake
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Nov. 26, 1937

19. FUNERAL DIRECTOR (ADDRESS) Charles J. Gates 4107 Finney Avenue,

20. FILED NOV 26 1937 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1937, to Nov. 20, 1937
I last saw her alive on Nov. 20, 1937 Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adrenal Adenoma Non Malignant	11/16/37

1330

Other contributory causes of importance:
Chr Suppurative Nephritis no stones
Broncho-pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? yes

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) James B. Harris, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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.

877 2.30

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)