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.

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

Do not use this space.

3358

File No. 3

Registered No. 3[redacted]

1. PLACE OF DEATH

County: Livingston, 59

Township: Fairview,

City: ~~Hale~~ Mo. R.R. (No. ..... St. ..... Ward)

Registration District No. 1076

Primary Registration District No. 5680

2. FULL NAME: Verlen Elwood Whitley 340

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: XXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 23, 1938

7. AGE — YEARS: ~~STILL BORN~~ — MONTHS: — DAYS: — If LESS than 1 day ..... hrs. or 2 hrs. 3 min.

OCCUPATION

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

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): Livingston County Missouri.

FATHER

13. NAME: Joe Whitley,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carroll County, Missouri.

MOTHER

15. MAIDEN NAME: Hazel Brock,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carroll County, Mo.

17. INFORMANT (ADDRESS): Joe Whitley, Hale, Missouri.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Fairhaven, DATE: 1/24/1938, 19

19. UNDERTAKER (ADDRESS): Clifford W. Austin, Tina, Mo.

20. FILED: Jan 24, 1938 Mrs. Chas. Ludwig, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/23/1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1938, to 1-23, 1938. Last saw h[illegible] alive on 1-23, 1938. Death is said to have occurred on the date stated above, at 1:20 P.M.

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

Congenital Pneumonia

Date of onset

Other contributory causes of importance:

Both lungs not inflated

Name of operation ..... 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? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

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