28 1938

DEC 1 JAN 3 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 784 — File No. 44563

Township ~~Jefferson Barracks~~ 3 — Primary Registration District No. 200 — Registered No. 2132

City Carondelet Mo. (No. 2 , Veterans Hospital St. Ward)

2. FULL NAME John Whitener

(a) Residence, No. Mound City Ills. St., Ward. Mound City, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. One mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1879

7. AGE 59 YEARS — MONTHS 5 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Ky.

FATHER

13. NAME Lija Whitner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Lizzie Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Gov. Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound City, Ill. DATE 12-29 38

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Ave.

20. FILED DEC 28 1938 — T. R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-9-38, 19..., to 12-27-38, 19...

I last saw him alive on 12-27-38, 19..... Death is said to have occurred on the date stated above, at 6:15 P.m.

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

	Date of onset
Arteriosclerosis, General	Unknown
Other contributory causes of importance:	
Chr. Myocarditis	Unknown
Chr. Nephritis	Unknown

Name of operation None done Date of

What test confirmed diagnosis? Clin. Lab. 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?

If so, specify C. W. Hughes

(Signed) C. W. Hughes C.M.D., M. D.

(Address) Jefferson Barracks Mo. U.S.V.A. Facility

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.

RW Good

JUL 24 1941

James Funeral Home