

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31951**
Registrar's No. **8367**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 20 yrs		d. STREET ADDRESS (If rural, give location) 2735 Cole Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2735 Cole Street		e. STREET ADDRESS (If rural, give location) 2735 Cole Street	

3. NAME OF DECEASED a. (First) Tulala (Type or Print)		b. (Middle)		c. (Last) Whitfield		4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1951	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 1, 1908		9. AGE (In years, last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Helena, Arkansas		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Robert Stokes		13b. MOTHER'S MAIDEN NAME Mary -- (Unknown)		14. NAME OF HUSBAND OR WIFE Solomon Whitfield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Solomon Whitfield	
(If yes, give war or dates of service)		17. ADDRESS 2735 Cole St.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by car	

22. I hereby certify that I attended the deceased from **10-5-1944** to **Sept. 18, 1951**, that I last saw the deceased alive on **9/15**, 1951, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **H. B. Walker, M.D.** (Degree or title) 23b. ADDRESS **809 E. Jefferson** 23c. DATE SIGNED **9/20/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9/22/51** 24c. NAME OF CEMETERY OR CREMATORY **Brown's Temple Cemetery** 24d. LOCATION (City, town, or county) (State) **Shelby, Mississippi**

DATE REC'D BY LOCAL REG. **SEP 21 1951** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **GATES FUNERAL HOME** ADDRESS **Charles J. Gates, 4107 Finney Ave.**

mrs (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

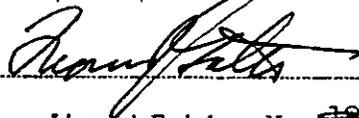
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____



Signed.....

Student Embalmer

Licensed Embalmer No. ~~2895~~ 4254

P. O. Address 4107 Finney Avenue

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

If this body is not embalmed, fact should be so stated above.