

SEP 17 1937

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

Do not use this space.

30550

File No. \_\_\_\_\_  
Registered No. 8 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

County De Kalb Registration District No. 258  
Township Washington Primary Registration District No. 5-3-60A  
City Clarksdale (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Hazel Fern Whetsell  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-24-1909</u>		
7. AGE	YEARS	MONTHS
<u>28</u>	<u>1</u>	<u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
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) <u>St. Joseph, Buchanan</u>		
13. NAME <u>W. A. Whetsell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clarksdale, Miss</u>		
15. MAIDEN NAME <u>Elizabeth Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osborne, Miss</u>		
17. INFORMANT (ADDRESS) <u>Mrs W. A. Whetsell, Clarksdale, Miss</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clarksdale, Miss</u> DATE <u>Sep 1, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>John G. Brown, Clarksdale, Miss</u>		
20. FILED <u>8/30</u> 19 <u>37</u> <u>Mrs C M Davis</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29, 193722. I HEREBY CERTIFY, That I attended deceased from 8-28, 1937, to \_\_\_\_\_, 1937.I last saw her alive on 8-28, 1937. Death is said to have occurred on the date stated above, at 7 P. m.

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

Undetermined  
This woman was feeble-minded and could not talk, could not tell where pain was located.

Other contributory causes of importance:  
The mother thought she may have had cerebral hemi-

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1937

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) O. L. Purdy, M. D.(Address) Clarksdale, MissDate of onset  
8-27-37

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.

