

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

Do not use this space.

38936

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No.

Registered No. 11714

St. Ward

2. FULL NAME

William Whites

(a) Residence. No. 3503 Easton St. 21 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE or

Catherine Miles

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

Nov 5 - 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>44</u>	<u>1</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Iron Worker
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Iowa

10. NAME OF FATHER

Tommy Whites

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER

Milne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis, Mo.

14. INFORMANT

(Address) City Hospital

C. 29 1927 md. b. S. Harkness

FILED _____ 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Dec 29, 1927, that I last saw him live on Dec 29, 1927, and that death occurred, on the date stated above, at City Hospital

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Advanced tuberculosis of the lungs and tuberculosis of the intestines (duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY)

2 24 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Harkness M. D.
Dec 29, 1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cemetery of St. Louis Dec 31 1927

20. UNDERTAKER

ADDRESS

North Central 228 N. Grand

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.

Whites