

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

Do not use this space.
36207

1. PLACE OF DEATH

County..... Registration District No. *284*
Township..... Primary Registration District No. *283*
City *St. Louis* (No. *City Hospital*)

File No.....
Registered No. **10738**
St..... Ward.....

11473
2. FULL NAME *Thomas Whisman*
(a) Residence, No. *1229 St. George* Ward. *22*
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 17 - 1912*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 7 4

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

FATHER 13. NAME *Luther Whisman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

MOTHER 15. MAIDEN NAME *Anna Jeffrey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT (ADDRESS) *Hospital Information*

18. BURIAL, CREMATION, OR REMOVAL PLACE: *Walhall* DATE *10-23* 1931

19. UNDERTAKER (ADDRESS) *M. Kaugili*

20. FILED *30* *22* *1931* *May 6* *Starkoff* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 21st 1931*
22. I HEREBY CERTIFY, That I attended deceased from *Sept. 29th 1931* to *Oct. 21st 1931*
I last saw *him* alive on *Oct. 21st 1931* Death is said to have occurred on the date stated above, at *3:45 PM*
The principal cause of death and related causes of importance were as follows:

lobar pneumonia (pneumococci)
Date of onset *10-31*
Other contributory causes of importance: *fever primary*

Name of operator *personal* Date of *10-23-31*
What test confirmed diagnosis? *smear* 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 *no*
(Signed) *J. M. Macmish* M. D.
(Address) *City Hospital*

WHITE PAPER, WITH UNFACING INK--THIS IS A PERMANENT RECORD

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.

