

APR 16 1936

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

Do not use this space.

9826

1. PLACE OF DEATH

County ClintonRegistration District No. 205

File No.

Township

Primary Registration District No. 4123

Registered No.

City Gower (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W.

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

widowed

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

W. C. Whaley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1860

7. AGE

YEARS
75

MONTHS

9

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.

At Home

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)

Beaumont, Virginia

MOTHER FATHER

13. NAME

Solomon Whaley

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

Virginia

15. MAIDEN NAME

Eija Esbridge

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

Virginia

17. INFORMANT (ADDRESS)

W. C. Whaley Gower

18. BURIAL, CREMATION, OR REMOVAL

PLACE near Gower, Mo. DATE 3-9 1936

19. UNDERTAKER (ADDRESS)

Nelson J. Miller Gower, Mo.

20. FILED

Mar 3 1936J. C. Gower

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from

June 12 1935 to Mar 2 1936I last saw her alive on March 2 1936 Death is saidto have occurred on the date stated above, at 2:30 a.m.

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

uræmia + coma

Date of onset

Other contributory causes of importance:

60
Carcinoma of left breast

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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? L

If so, specify

(Signed) J. C. Gower(Address) Gower, Mo.

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.

