

FEB 16 1937

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

Do not use this space.

551

1. PLACE OF DEATH

County Madison  
Township Union  
City St. Charles (No. \_\_\_\_\_)

Registration District No. Robert  
Primary Registration District No. 5-231

File No. Feb 8, 1937  
Registered No. 1991 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Oscar E. Whitley

(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 yrs. mos. da.

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 OF (OR) WIFE OF Edna Whitley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Madison Co. Mo.

13. NAME Wm Whitley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Mo.

15. MAIDEN NAME Sarah Bellard

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

17. INFORMANT (ADDRESS) Hazel Whitley

18. BURIAL, CREMATION, OR REMOVAL PLACE Osney DATE Jan. 31, 1937

19. UNDERTAKER (ADDRESS) J. C. Daniels & Co. St. Charles Mo.

20. FILED Feb 8, 1937 Mrs G. A. Brown Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1937

I HEREBY CERTIFY That I attended deceased from Jan 22, 1937, to Jan 29, 1937. I last saw him alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

accident Date of onset \_\_\_\_\_

Head cut open with wood saw

Other contributory causes of importance: \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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

Accident, suicide, or homicide? accident Date of injury 12-22, 1937

Where did injury occur? Osney County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at home

Manner of injury cut skull with wood saw

Nature of injury 8 inch gap thru brain and skull

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify farming

(Signed) O. O. Cowan M. D.

(Address) Greenfield 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.

