

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Missouri Registration District No. 559
Township Madame Primary Registration District No. 5753
City (No. _____) St. _____ Ward _____

File No. 12630
Registered No. 5

2. FULL NAME William W. Whors

(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. 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 Margaret Whors, deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith
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) All none

13. NAME Robert Whors

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

15. MAIDEN NAME Lucinda Gales

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

17. INFORMANT Mrs. J. E. Pugh (ADDRESS) Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Home DATE 4-4 1937

19. UNDERTAKER Martin Funeral Home (ADDRESS) _____

20. FILED 4-3 1937 Mrs. Claud Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1937 to Apr 2 1937

I last saw him alive on Apr 2 1937 Death is said to have occurred on the date stated above, at _____ m.

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

Double Lobar Pneumonia Date of onset 2/20-27

Other contributory causes of importance: Influenza 110 2/20-27

Name of operation no Date of _____
What test confirmed diagnosis Physician 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? no

If so, specify _____

(Signed) J. W. Perry M. D.
Inspector Vais (address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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