

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.

JUL 20 1936

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

Dr. Joe James  
Do not use this space.

22597

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield, Mo. (No. 1457 Pennsylvania, Ave.)

File No. \_\_\_\_\_  
Registered No. 547  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Verhel Mae Whalen

(a) Residence, No. 1457 Pennsylvania, Ave. 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 Female 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 Chas. Whalen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
47 5 10

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

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) Henderson  
(STATE OR COUNTRY) Kentucky

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Chas Whalen  
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE 6/24/36, 19

19. UNDERTAKER Herman Lohmeyer Funeral Home, specify Springfield, Mo.

20. FILED JUN 24 1936, 19 Chas a George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to June 23, 1936

I last saw him alive on June 10, 1936 Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Carcinoma of Breast  
primary

Date of onset

Other contributory causes of importance

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

What test confirmed diagnosis? B. spec 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 \_\_\_\_\_, 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? \_\_\_\_\_

(Signed) Joe D James, M. D.

(Address) Springfield Mo.

