

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

969

Local No.

Registered No.

8011

1. PLACE OF DEATH:
 City, **MARION**
 County or town, **INDIANAPOLIS**
If outside of town write RURAL
 Street address, hospital, or institution:
METHODIST HOSP.
 Was in hospital or inst. (Yrs. or mos. or days) **2 DAYS**
 Was in this community (Yrs. or mos. or days) ~~1 DAY~~
 FULL NAME
WILLIAM CARL WHALEY

2. USUAL RESIDENCE (HOME) OF DECEASED
Not permitted if outside of Indiana
 State **INDIANA** County **MARION**
 City or town **INDIANAPOLIS**
If outside of town write RURAL
 Street No. **228 E. 10th St.**
 IF VETERAN STATE NO. _____

3. SEX **M** 4. Color or race **Wh.** 5. Single, married, widowed, or divorced **m.**
 Name of husband or wife **ANN WHALEY**
 Date of death **FEB. 10, 1896**
 Age **47** Years **0** Months **21** Days
 Date of birth **FEB. 10, 1896**
 Place of birth **INDIANAPOLIS, IND.**
 Occupation **PROF. BASEBALL - POST OFFICE EMPLOYEE**
 Name of physician **FRANK WHALEY**
 Name of coroner **ANNA SCHUSSELL**
 Name of funeral director **ANN WHALEY**
 Name of undertaker **INDIANAPOLIS, IND.**
 Name of cemetery **Crow Hill**
 Name of funeral home **Shirley Bros. Co.**
 Name of funeral home **Indianapolis**

MEDICAL CERTIFICATE
 DATE OF DEATH **MAR 3, 1933** 3 PM
 I CERTIFY that death occurred on the _____ day of _____ 19____
 attended deceased from _____
 and that I last saw him on _____
 Immediate cause of death
CIRRHOSIS
of
LIVER
 Other conditions
 Cause of death
 Other conditions
 If autopsy
 If violence: If death was due to external force, state
 Accident, suicide, or homicide
 Where did injury occur?
 Injured at home, farm, industry, truck, or other place?
 Injured at work? Means of injury
 Name of physician **W. D. Sullivan**
 Name of coroner **Shirley Bros. Co.**
 Name of funeral home **Indianapolis**