

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

Do not use this space.

1. PLACE OF DEATH

County Johnson
Township Warrensburg
City Warrensburg
Gilbert Audrey Whitaker

Registration District No. 431
Primary Registration District No. 30.23

File No. _____
Registered No. 5424
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, 8. 1910

7. AGE

17

YEARS

MONTHS

11

DAYS

23

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work student

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

**9. BIRTHPLACE (CITY OR TOWN) Warrensburg Twp
(STATE OR COUNTRY) Mo**

10. NAME OF FATHER C. M. Whitaker

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo**

12. MAIDEN NAME OF MOTHER Ada C Sprinkle

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri**

**14. INFORMANT C. M. Whitaker
(Address) Warrensburg, Mo**

**15. FILED Feb 3, 1928 Wm Patterson
REGISTRAR**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1. 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928 to Feb 1, 1928, 19 28 that I last saw him alive on Feb 1, 1928, and that death occurred, on the date stated above, at 9-45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis from Perforating Gastric Ulcer.
(duration) yrs. mos. da. 2

CONTRIBUTORY (SECONDARY) Gastric ulcer.
(duration) yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED H/H

IF NOT A PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 31 - 1928.

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. K. Porter M. D.

Feb 2, 1928 (Address) Warrensburg Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SWANBERRY HILL DATE OF BURIAL

Dunkard Cemetery, Feb 3, 1928

20. UNDERTAKER

Sweeney-Core

ADDRESS

Warrensburg

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.

MAR 19 1928

