

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

Do not use this space.

9626

1. PLACE OF DEATH

County Lawrence
Township Lincoln
City..... (No.....)

Registration District No. 469
Primary Registration District No. 15-630

File No.
Registered No. 7
St. 7 Ward

2. FULL NAME

Vingil Whittenberg

(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

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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1884-4-3

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 11 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Greene Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER R. W. Whittenberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greene Co. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Race

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jackson Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT W. E. Eben Whittenberg
(Address) Miller mo.

15. FILED 4-1-28 W. S. Emery
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 11th 1928 to Mar 5th 1928 and that I last saw him alive on Mar 5th 1928, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteriosclerosis
131 / 24 W
9MA (duration) / yrs. mos. da.

CONTRIBUTORY (SECONDARY) Intestinal nephritis
(duration) / yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Post mortem
(Signed) L. S. Palmer, M. D.
, 19 (Address) Miller 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 Ray Springs DATE OF BURIAL 5-7 1928

20. UNDERTAKER J. W. Morris ADDRESS Miller 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.

