R 28 1928

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

Do not use this space.

10438

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No.
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 61
City ~~Creve Coeur~~ (No. Creve Coeur Mo. St. Ward)

2. FULL NAME Phebe Ann Whitaker
(a) Residence. No. Creve Coeur Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF: Alba Whitaker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 13 - 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	10	10	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: ? Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't know.
12. MAIDEN NAME OF MOTHER: Don't know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't know.

14. INFORMANT: Mrs. C. B. Miller
(Address): Creve Coeur Mo.

15. FILED 4/10 1928 C. E. Barnett MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 23 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-23, 1928, to 3-23, 1928 that I last saw her alive on 3-23, 1928, and that death occurred, on the date stated above, at 8.55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
(Sick several days before calling a doctor) (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? — DATE OF
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R B Denny, M. D
, 19 (Address) Creve Coeur 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: Battle Creek Mich
DATE OF BURIAL: 3-26 1928

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton ave

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.

[illegible]

[illegible]

[illegible]

[illegible] 196