

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

Do not use this space.

17894

1. PLACE OF DEATH

County Henry
Township.....
City Clinton (No.) (Ward)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 74

2. FULL NAME

Mary Elizabeth Whitaker

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 - 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 4 29

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

9. BIRTHPLACE (CITY OR TOWN) Near Springfield
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Samuel G. Solomon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Mahala Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT C. H. Whitaker
(Address) Clinton

15. May 9, 1929 FILED Dr. E. C. Peelor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 6th 1929, to May 7th 1929, that I last saw her alive on May 7th 1929, and that death occurred, on the date stated above, at 9:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism of Heart
90B 951 99H 72m minutes
(duration) yrs. mos. ds.
CONTRIBUTORY Cardiac Asthma &
(SECONDARY) Dilatation Heart (duration) 10 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Robt. D. Haire, M. D.
, 19 (Address) Clinton 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 Clinton Mo DATE OF BURIAL May 9, 1929

20. UNDERTAKER Spore Son Clinton ADDRESS.....

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.

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