

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

Do not use this space.

36182

1. PLACE OF DEATH

County Adair
 Township Trickwell
 City Trickwell (No.)

Registration District No. 4
 Primary Registration District No. 3001

File No.
 Registered No. 188
 St. Ward

2. FULL NAME

(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

M.

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

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

May 18-1850

7. AGE

YEARS 79

MONTHS 5

DAY 26

If LESS than 1 day, hrs. or min.

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)

Louden Co. Va.

(STATE OR COUNTRY)

10. NAME OF FATHER

James Whitacker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Va.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Margaret Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Va.

(STATE OR COUNTRY)

14. INFORMANT

Jim Whitacker
 (Address) Trickwell Mo.

15. FILED

11/30, 1929
W. Becker
 Deputy REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/11 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 8th
Nov 10th, 1929, to Nov 10, 1929
 that I last saw him alive on Nov 10, 1929, and that death occurred, on the date stated above, at 4 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

109R

102

1000 (duration) 5 days, mos. ds.

CONTRIBUTORY (SECONDARY)

Suppurative Jags
 (duration) yrs. mos. ds.

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 Physical Ex.
 (Signed) G. A. Spaulding, M. D.

, 19 (Address) Trickwell 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

Forest Park

DATE OF BURIAL

11/12 1929

20. UNDERTAKER

Summers Son.

ADDRESS

Trickwell 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.

11/18/1929
 4
 7

1929-11-11 $\frac{4}{5}$
1850-518
79-5-23