

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

20012-A

1. PLACE OF DEATH

County

Marion

Registration District No.

546

Township

Johnson

Primary Registration District No.

8735

City

(No.

Henry A. Whitaker

File No.

Registered No. *12*

St.

Ward

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St. *mo*

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *16* yrs. — mos. — ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Surie Whitaker

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

April 27-1854

7. AGE

76 YEARS

2 MONTHS

2 DAYS

If LESS than 1 day, *4* hrs. or *15* min.

8. OCCUPATION OF DECEASED

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

Minister

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

Methodist Episcopal Church

(c) Name of employer

none

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

I don't know

10. NAME OF FATHER

George C. Whitaker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Waynes Co. Pa.

12. MAIDEN NAME OF MOTHER

Gailard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York State

14. INFORMANT

(Address)

Clara Whitaker
St James

15. FILED

Sept 10 1930

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Sam A. Whitaker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 29 1930

17.

I HEREBY CERTIFY, That I attended deceased from *June 29 1930* to *June 29 1930*, that I last saw him alive on *June 29 1930*, and that death occurred, on the date stated above, at *about 3 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

107A

(duration) yrs. mos. *7* ds.

CONTRIBUTORY (SECONDARY)

none

(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)

J. R. Mitchell

M. D.

, 19 (Address)

Rolla 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

DATE OF BURIAL

Southard Cem

June 30 1930

20. UNDERTAKER

ADDRESS

Licklider

St James mo

April 10, 1930

Dear Mr. [illegible]

Dear Mr. [illegible]

Yours truly

Very truly yours,

W.H.C.

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