

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

Do not use this space.

**30611**

**1. PLACE OF DEATH**

89 County Rolla Registration District No. 728  
Township Clay Primary Registration District No. 5961  
City Hydersburg (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Clara Margaret Whitaker  
(a) Residence, No. R. F. D. Hydersburg 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28th. 1933</u>		
7. AGE YEARS	MONTHS	DAYS
<u>—</u>	<u>10.</u>	<u>—</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Rolla County  
(STATE OR COUNTRY) mo

13. NAME Bert E. Whitaker

14. BIRTHPLACE (CITY OR TOWN) Macon County  
(STATE OR COUNTRY) mo

15. MAIDEN NAME Bertha Hartmann

16. BIRTHPLACE (CITY OR TOWN) Linn County  
(STATE OR COUNTRY) mo

17. INFORMANT Bert E. Whitaker  
(ADDRESS) R. F. D. Hydersburg

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hydersburg DATE Sept. 27 1933

19. UNDERTAKER James O. Donald  
(ADDRESS) Hydersburg

20. FILED Sept 30 1933 Maurice Scott  
Oct 10 33 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27th 1933  
22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1933, to Sept 27 1933  
I last saw her alive on Sept 25 1933 Death is said to have occurred on the date stated above, at 10:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Dyscolitis Sept 23-33 Date of onset

1198  
1140  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) P. J. Revchmann, M. D.  
(Address) Dakwood 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.

OCT 20 1933

