

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

Do not use this space.

20668

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Rau Primary Registration District No. 1008  
 City Haines City, Mo (No. 7609) Brooklyn St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2000

**2. FULL NAME** Mrs. Roberta Whedon

(a) Residence, No. 7609 Brooklyn 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 Wm. E. Whedon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1858

7. AGE YEARS 76 MONTHS 5 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Robert Sherburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

15. MAIDEN NAME Stocker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs. Horace Carmichael  
7609 Brooklyn, N. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beltan, Mo DATE June 28, 1934

19. UNDERTAKER (ADDRESS) E. K. Gagny & Son  
Beltan, Mo

20. FILED June 27, 1934 M. M. Crowe  
Asst. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1934

22. I HEREBY CERTIFY, that I attended deceased from June 17, 1934 to June 26, 1934  
 I last saw him alive on June 26, 1934. Death is said to have occurred on the date stated above, at \_\_\_\_\_ p.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia Bronchitis Date of onset 6/24/34  
950  
10916 9544  
 Other contributory causes of importance: Cardio Renal Syndrome

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ 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) Chas. H. ... M. D.

(Address) 1500 ...

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.

JUL 17 1934

WRITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

