

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

Do not use this space.

SEP 29 1936

32011

1. PLACE OF DEATH

County Pulaski
Township Union
City (No. _____)

Registration District No. 711
Primary Registration District No. 5940

File No. 96
Registered No. 96
St. _____ Ward _____

2. FULL NAME

Mary S. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of W. Whitaker</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3/7/1862</u>		
7. AGE <u>74</u> YEARS	<u>5</u> MONTHS	<u>5</u> DAYS
If LESS than 1 day, _____ hrs. or _____ min.		

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 1936

17. I HEREBY CERTIFY, That I attended deceased from Aug 6 1936, to Aug 9 1936, that I last saw h. ev alive on Aug 6 1936 and that death occurred, on the date stated above, at 7:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of uterus

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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?
(Signed) W. J. Dickerson M. D.
. 19 (Address) Dixon Mo

9. BIRTHPLACE (CITY OR TOWN) Miller Co
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER W. Winsted

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

12. MAIDEN NAME OF MOTHER Frank Archert

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

14. INFORMANT E. M. Whitaker
(Address) Dixon Mo

15. FILED Aug 11 1936 A. S. Dick
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dixon Mo

DATE OF BURIAL 8/12 1936

20. UNDERTAKER Fred N. Gilbert

ADDRESS Dixon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

