

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

Do not use this space.

SEP 21 1936

34064

1. PLACE OF DEATH

County Dunklin
Township Salem
City (No. _____) _____ St. _____ Ward _____

Registration District No. 290
Primary Registration District No. 5408

File No. _____
Registered No. 44

2. FULL NAME

Malinda Catherine Whittack

(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 ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 8 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Dunklin Co., Mo

13. NAME Pam Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) D. J. Whittack
Senath, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Cemetery DATE Sept 9, 1936

19. UNDERTAKER (ADDRESS) McDaniel Funeral Home
Senath, Mo.

20. FILED 9-10-1936 D. B. M. Davis
St. M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1936 to Sept 8 1936
I last saw her alive on Sept 7 1936 Death is said to have occurred on the date stated above, at 3:34 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 9-4-36
8221

Other contributor causes of importance:
Hypertension undetermined

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 _____, 1936
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?
If so, specify _____
(Signed) D. B. M. Davis M. D.
(Address) Senath, Mo

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.

