FEB 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No. 2570
Township ~~Rolla~~ — Primary Registration District No. 4403 — Registered No. 9
City Rolla (No. ..., ... St. ..... Ward)

2. FULL NAME Rex Orville Whitaker
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1934

7. AGE — YEARS 2 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chied
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) Rolla Mo

FATHER
13. NAME M.H. Whitaker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iberia, Mo

MOTHER
15. MAIDEN NAME Gertrude Burns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meta, Mo

17. INFORMANT (ADDRESS) M.H. Whitaker Rolla, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem Miller Co, DATE Jan 17. 37

19. UNDERTAKER (ADDRESS) Null and Son Rolla, Mo

20. FILED Jan 17, 1937 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1937, to 1-16, 1937
I last saw him alive on 1-15, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute edema of the glottis.
Laryngitis

Date of onset

Other contributory causes of importance:

105

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? .....
If so, specify .....
(Signed) E. E. Feind, M. D.
(Address) Box 50, Rolla 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.

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