

JUN 25 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20952

1. PLACE OF DEATH

County

Pettis

Registration District No.

165

File No.

162

Township

City

Sedalia

(No.)

Primary Registration District No.

3032

Registered No.

668

St.

Ward)

2. FULL NAME

Oscar Whitaker

(a) Residence, No.

213 E 2nd

St.

Ward.

(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

M

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

Do not know

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

Do not know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs.

or min.

8-11-45

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Carpenter

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)

Do not know

13. NAME

Do not know

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

Do not know

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill DATE 5-17-1937

19. UNDERTAKER (ADDRESS)

McLaughlin Bros Sedalia

20. FILED

5-17-1937

1937

J. M. Black Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 15 1937

22. I HEREBY CERTIFY, That I attended deceased from

May 14 1937 to May 15 1937

I last saw him alive on May 14 1937 - Death is said

to have occurred on the date stated above, at 4 a.m.

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

Tuberculosis of Throat and Larynx

Date of onset

Other contributory causes of importance:

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)

(Address)

J. M. Black Registrar

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.

