

JUN 30 1937

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

Do not use this space.

21652

1. PLACE OF DEATH  
 County Wright Registration District No. 1122  
 Township Clark Primary Registration District No. 6226  
 City Macomb No. 9 St. 9 Ward 9

2. FULL NAME John W. Whittaker  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? - yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1855

7. AGE YEARS 81 MONTHS 10 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

10. Date deceased last worked at this occupation (month and year) May 23, 1931 Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yellow Creek, Mississippi

13. NAME Charles W. Whittaker

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

15. MAIDEN NAME Merna Mercy

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

17. INFORMANT Merna Bolt (ADDRESS) Windsor

18. BURIAL, CREMATION, OR REMOVAL PLACE Macomb Cem. DATE June 8, 1937

19. UNDERTAKER (ADDRESS) F. A. Steffe, Mansfield mo.

20. FILED 6-8 1937 Ray a. Burnett Registr. Sadie Burnett

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1937

22. I HEREBY CERTIFY, That I attended, deceased from April 6, 1937, to June 6, 1937. I last saw him alive on June 8, 1937. Death is said to have occurred on the date stated above, at 6 A.M.. The principal cause of death and related causes of importance were as follows:  
Hemorrhage of Brain

Date of onset \_\_\_\_\_

Other contributory causes of importance: arteriosclerosis

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) R. J. May M. D. (Address) 202 W. 7th St.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S OCCUPATION should be stated EXACTLY. FATHER'S OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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