USE APR 20 1938

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

Do not use this space.

File No. 11115

Registered No.

1. PLACE OF DEATH
County: Jasper
Township:
City: Reeds (No. , St. Ward)

Registration District No. 415
Primary Registration District No. 4247

2. FULL NAME Waldo E. Whitaker 326

(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 68 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: Ida Whitaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 14, 1870

7. AGE: Years 67 | Months 11 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General
10. Date deceased last worked at this occupation (month and year): Feb. 1938
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Reeds, Missouri

FATHER
13. NAME: W. W. Whitaker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Martha Rubgy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Ray Whitaker

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dudman Cem DATE: 3-7-38, 19

19. UNDERTAKER (ADDRESS): Fugelage Funeral Home Carcoxie, Mo

20. FILED 3/7, 1938 Geo H Bragdon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 5 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1938, to March 2nd, 1938
I last saw him alive on March 2nd, 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Lab. Was there an autopsy? No

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) Geo H Bragdon, M. D.
(Address) Reeds, Mo

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