

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.

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

Do not use this space.

1. PLACE OF DEATH

County Webster
Township East Benton
City Biggins (No. 376)

Registration District No. 898
Primary Registration District No. 6203

File No. 23203
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Leda Whitaker
(a) Residence, No. Biggins mo.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Emory Whitaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 13 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 10 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haworth Ia

MOTHER FATHER
13. NAME Chas Garley

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

MOTHER FATHER
15. MAIDEN NAME Ella Givens

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

17. INFORMANT (ADDRESS) Emory Whitaker Biggins mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shell Rock Iowa DATE June 13 1938

19. UNDERTAKER (ADDRESS) Dunn-Hall Funeral Home Springfield, Mo.

20. FILED 6-13 1938 Lester W. Good Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-11 1938 to 6-11 1938
I last saw her alive on 6-11 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage Date of onset 6-11-38

Other contributory causes of importance: hypertension

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? 2
If so, specify _____

(Signed) Howard J. Mason, M.D.
Forland, Mo. (Address)

