JUL 6 1939

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

Do not use this space.

1. PLACE OF DEATH County Mc Donald 3
Township 1
City Anderson (No. , St. Ward)

Registration District No. 518
Primary Registration District No. 4574

File No. 22604
Registered No.

326

2. FULL NAME Judah Jane Whitaker

(a) Residence, No. Anderson Mo St., Ward.
(Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

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

7. AGE: Years 87; Months; Days; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Mo 0

FATHER
13. NAME W. M. Tomlinson 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 0

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Jordan Whitaker Anderson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pineville Mo DATE 6/17/39, 19

19. UNDERTAKER (ADDRESS) Tatum Funeral Home Anderson Mo

20. FILED June 30 1939 Mrs. Lee Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/19/39, 19 to 6/19/39, 19
I last saw her alive on 6/16/39, 19. Death is said to have occurred on the date stated above, at 10.45 a. m. A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death. Killed while crossing rail road tracks. K.C.S. R. Road. Anderson Mo.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? accident Date of injury 6-16, 1939
Where did injury occur? Anderson Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Crossing
Manner of injury Instantly killed
Nature of injury Crushing & mutilation

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Lee Cornell (Coroner), M. D.
(Address) Mc Donald County Pineville Mo.

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.