

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

Do not use this space.

15359

1. PLACE OF DEATH

County Johnson
Township High Hill
City Polk (No. 9)

Registration District No. 434
Primary Registration District No. 5591

File No. RJ 8
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Polk J. Whiteaker
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) <u>Widower</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE <u>Jim Venn Whiteaker</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 24 1848</u>					
7. AGE	YEARS <u>83</u>	MONTHS <u>5</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Retired farmer</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1927
17. I HEREBY CERTIFY, That I attended _____ from May 11, 1927, to May 16, 1927, that I had seen him _____ alive on May 11, 1927, and that death occurred, on the date stated above, at 6:55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
88 9:30
16 (duration) yrs. mos. 5 da.
CONTRIBUTORY (SECONDARY) Demerol
(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____
8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) O. B. Hull, M. D.
5/16, 1927 (Address) Warrensburg Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VOLUNTARY CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Caldwell Co., Mo.

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

14.

INFORMANT O. B. Whiteaker
(Address) Warrensburg Mo.

15.

FILED 5/17 1927 A. E. Pellosen
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cameron Mo. **DATE OF BURIAL** 5/17 1927

20. UNDERTAKER Surry, Eng. Phillips ADDRESS Warrensburg 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.

Brother Wm Whitaker - wife dead.

sons
milo

Jack.

A. B.