

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

Do not use this space.

16092

1. PLACE OF DEATH

County Clark
Township
City Kahoka (No. _____)

Registration District No. 190
Primary Registration District No. 4113

File No. _____
Registered No. 24 St. _____ Ward)

2. FULL NAME Frank E. Whitaker

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nettie Hamilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 8, 1872</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>5</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hardware Merchant</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louis Co. Missouri

13. NAME Solomon Whitaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

15. MAIDEN NAME Marjory Sanford

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

17. INFORMANT Mrs. Nettie Whitaker (ADDRESS) Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cem. DATE May 8, 1934

19. UNDERTAKER Fredy Kerley (ADDRESS) Kahoka Mo.

20. FILED 8 1934 A. A. Bridges Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1934

22. I HEREBY CERTIFY That I attended deceased from Aug 12, 1933 to May 6, 1934

I last saw h. _____ alive on May 6, 1934 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Encephalitis Brain abscess 17 1933
Hyperthyroidism

Other contributory causes of importance: _____

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) [Signature], M. D.
(Address) Kahoka Mo.

JUN 20 1934

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...any property claimed. Exact statement of cause of death is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clark Registration District No. 190
Township Kabaka Primary Registration District No. 4113
City Kabaka (No.) St. Ward (....)

File No.
Registered No. 24

2. FULL NAME Frank E Whitaker

(a) Residence, No. St. Ward.
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

to 19.....
I last saw him alive on 19..... Death is said

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

to have occurred on the date stated above, at m.

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

The principal cause of death and related causes of importance were as follows:

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

Cerebral arteriosclerosis Date of onset

coronary atherosclerosis

hypertension

Other contributory causes of importance:

hypertrophic cardiomyopathy

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

13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? Date of injury 19.....

17. INFORMANT (ADDRESS)

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE DATE 19.....

Manner of injury

19. UNDERTAKER (ADDRESS)

Nature of injury

20. FILED 19..... J. R. Bridges Registrar

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Bridges M. D.

(Address) Kabaka Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important.

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