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

Do not use this space.

480

FEB 18 1936

File No.

Registered No. 2

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 124
Township Cape Rock Primary Registration District No. 118
City (No. Cape Rock Drug St. Ward)

2. FULL NAME Peter Riley Whittaker

(a) Residence, No. Cape Rock Drug 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	9	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Cape Co. Mo

FATHER
13. NAME James R Whittaker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelys Landing Mo

MOTHER
15. MAIDEN NAME Emily Garner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelys Landing Mo

17. INFORMANT (ADDRESS) Mrs. Maude Whittaker Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cem. DATE Jan - 2 1936

19. UNDERTAKER (ADDRESS) Hamann Funeral Home Cape Girardeau Mo

20. FILED 1 - 6 1936 Jno. Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 21st 1935, to Jan 1st 1936
I last saw h. in alive on Dec 26th 1935. Death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	About 10 years

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Symptoms 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) G R Schultz, M. D.
(Address) Cape Girardeau, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10M-1-22-35