

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

Do not use this space.

18382

1. PLACE OF DEATH

County Jackson
Township Law
City St. Charles

Registration District No. 399
Primary Registration District No. 1002
(No. 2306 East 20th)

File No. _____
Registered No. 2485
St. _____ Ward _____

2. FULL NAME

(a) Residence. Name Viola White St. 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Coe

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

June 21, 1893

7. AGE

YEARS 33

MONTHS 11

DAYS 26

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Nebr

10. NAME OF FATHER

Ed Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Lizzie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

14.

INFORMANT (Address)

Bruce White
2306 E 20th St.

15.

FILED

6/19 1927
M. M. Brown
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 17, 1927

17. I HEREBY CERTIFY That I attended deceased from May 5, 1927 to 6 = 17 = 27, 1927, that I last saw her alive on 6 = 17 = 27, 1927, and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia (17 da)
Pulmonary Tuberculosis
about 8 or 9 yrs
(duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (SECONDARY)

Gastric Ulcer
(duration) yrs. _____ mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) M. M. Brown, M. D.

6/18 1927 (Address) 15th & Vine

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Omaha Nebr 6-20 1927

20. UNDERTAKER

ADDRESS

Watkins Burial & Exhumation Co

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.

