

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.

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

Do not use this space.

OCT 24 1927

26399

1. PLACE OF DEATH

County Andrew Registration District No. 26 File No. _____
 Township Patton Primary Registration District No. 3002 Registered No. 127
 City Montgomery, Mo. St. _____ Ward) _____

2. FULL NAME Mrs. Mina White
 (a) Residence. No. Montgomery 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)** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Douglas E. White
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-21-1897
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
30. 7 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (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) Montgomery Co. Missouri

10. NAME OF FATHER C. Ray White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.

12. MAIDEN NAME OF MOTHER Ada Archer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.

14. INFORMANT Andrew Hospital
 (Address) Mexico Mo.

15. DATE Sept 12th 1927 **REGISTRAR** Ira S. Milligan

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10th 1927
17. I HEREBY CERTIFY That I attended deceased from Sept 4, 1927, to Sept 10, 1927, that I last saw her alive on Sept 10, 1927, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of heart
12.1 B
95 R J (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Following surgical op for appendectomy & suspension (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

1. DID AN OPERATION PRECEDE DEATH? Yes _____ No Yes DATE OF Sept 5
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Frank Kelley, M.D.
9/10, 1927 (Address) Mexico Mo.

*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 Montgomery City Cem **DATE OF BURIAL** 9-11-1927

20. UNDERTAKER H. A. Pickett & Son **ADDRESS** Mexico Mo.

