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

Do not use this space.

27859

1. PLACE OF DEATH

County Monroe — Registration District No. 587 — Dr Harlan — File No.

Township Woodlawn — Primary Registration District No. ~~1885~~ 5785 — Registered No. 3

City ~~Duncans Bridge~~ — St. — Ward)

2. FULL NAME Hazel Marie White

(a) Residence. No. — St., — Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 23-1922

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
1	11	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant,
(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) Missouri

PARENTS

10. NAME OF FATHER Mo,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Joseph S. White
12. MAIDEN NAME OF MOTHER Pauzy Herron
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mr Joseph White
(Address) Duncans Bridge

15. FILED Sep 18, 1927 F. Medding REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-17- 1927

17. I HEREBY CERTIFY, That I attended deceased from 9-15- 1927, to 9-16- 1927 that I last saw her alive on 9-16- 1927, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute general Peritonitis
IVIB
IV
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) acute appendicitis
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D L Harlan, M. D
Sept 17, 1927 (Address) Clarence 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: Oak Grove — DATE OF BURIAL: Sept 18 1927

20. UNDERTAKER: E E Hopper — ADDRESS: Clarence Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1927

at 17