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

Do not use this space.

32802

File No. 1189

Registered No.

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.

1. PLACE OF DEATH

County: Buchanan

Registration District No. 85

Primary Registration District No. 1001

Township:

City: St Joseph Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Effie White

(a) Residence. No. 2130 S. 6th 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: Colored

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John White

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 11 1883

7. AGE: Years 44 | Months 8 | Days 8 | If LESS than 1 day, ..... hrs. or ..... min.

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): St Joseph Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Charles Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Joseph Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Sarah Grimes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Joseph Mo
(STATE OR COUNTRY)

14. INFORMANT: John White
(Address) 2130 S 6th St

15. FILED NOV 22 1927 John G. Ott REGISTRAR

## MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-19 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1927, to ....., 19..., that I last saw h. alive on ....., 19..., and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Cause

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Viewed only

WHAT TEST CONFIRMED DIAGNOSIS? Family History

(Signed) J. W. Stipp Coroner, M. D.

11/22 1927 (Address) St Joseph 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: Ashland Cem.

DATE OF BURIAL: 11-23 1927

20. UNDERTAKER: B. F. Graves

ADDRESS: 1309 Felix