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

Do not use this space.

34471

1. PLACE OF DEATH
County St Charles — Registration District No. 760 — File No.
Township Dardenne — Primary Registration District No. 6001 — Registered No. 44
City Fallon (No. ..... St. ..... Ward)

2. FULL NAME Jessie White
(a) Residence. No. Fallon St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 4-1908

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or X min.
18	0	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Fallon Mo

PARENTS
10. NAME OF FATHER: Simon White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co. Mo
12. MAIDEN NAME OF MOTHER: Abington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Charles Co Mo

14. INFORMANT (Address): Simon White Fallon Mo

15. FILED 11-22-, 1927 J. M. Jenkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

7.

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1927, to Nov 15th, 1927 that I last saw her alive on Nov 15, 19.., and that death occurred, on the date stated above, at 9 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Miliary Tuberculosis
23 B
23 B 27 A (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Pulmonary Hemorrhage
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT [illegible] OF DEATH? In St Louis

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THE [illegible] AUTOPSY? .....

WHAT TEST [illegible] DIAGNOSIS? Microscopic Test

(Signed) L. J. Jackson, M. D
, 1927 (Address) St Charles

*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: Fallon Mo. — DATE OF BURIAL: 11/23/27 19

20. UNDERTAKER: E. A. Keithly — ADDRESS: Fallon Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ated by check marks, lacking from the death certificate:

ame: Jessie White

ho died at: St. Charles Co., Mo. on Nov. 20 1927

esidence: No. _____ St. _____
(If nonresident, city or town)

ength of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

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CAUSE OF DEATH: Acute Miliary Tuberculosis,

Pulmonary,

Contributory: Pulmonary Hemorrhage.

Where was disease contracted? _____

Date of

S-34771