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

Do not use this space.

35865

JAN 17 1928

1. PLACE OF DEATH

County Audrain — Registration District No. 26 Coil & Ford — File No.

Township Salt River — Primary Registration District No. 3002 — Registered No. 172

City Mexico (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Jemima White

(a) Residence. No. ..... 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: Black

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: G. W. White

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 25 - 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	11	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(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) Iowa

PARENTS

10. NAME OF FATHER: John Hayes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) X

12. MAIDEN NAME OF MOTHER: Nannie Brannen

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

14. INFORMANT: Granville White
(Address) Mexico Mo.

15. FILED Dec 8th, 1927 Ira S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 6 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1927, to Dec 2, 1927 that I last saw her alive on Dec 2, 1927 and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver 46 E

at least 4 4 B (duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov. 16 1927

WAS THERE AN AUTOPSY? No) Exploratory Laperotomy

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory Lap.

(Signed) William Ford, M. D

, 19 (Address) 711 E Jackson St.

*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: Mexico Mo.

DATE OF BURIAL: Dec. 8 1927

20. UNDERTAKER: McPheeters Bros.

ADDRESS: Mexico Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
[illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state