

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

Do not use this space.

316

1. PLACE OF DEATH

County Buchanan
Township St. Josephine
City St. Josephine

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 128
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 506 in rear 3rd St., _____ Ward. _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16/1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 13

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) Western Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Jessie White
(Address) 506 in rear 3rd St

15. FILED JAN 31 1928
John G. White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1928

17. I HEREBY CERTIFY, That I attended deceased from 27 Sept, 1927, to 29 Jan, 1928, and that that I last saw him alive on 29 Jan, 1928, and that death occurred, on the date stated above, at 4:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

108 92701A 3 da.
108 92701A 3 da.
92701A (duration) yrs. mos. da.

CONTRIBUTORY Mitral Incompetence
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical test

(Signed) Be Brown, M. D.

3/Jan 1928 (Address) 1908 Persimmon

*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 DATE OF BURIAL

Manly's cemetery Feb. 1 1928

20. UNDERTAKER B.F. Graves ADDRESS 1309 74th St

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.

FEB 20 1928

