FEB 21 1928

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

Do not use this space. 1692

File No. 12
Registered No. 4

1. PLACE OF DEATH

County: Lafayette
Registration District No. 464
Township:
Primary Registration District No. 4277
City: Odessa Mo. (No. ..... St. ..... Ward)

2. FULL NAME Adaline 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. 7 mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female ~~Male~~	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-8-1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	83	5	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired.
(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) Dont Know

PARENTS
10. NAME OF FATHER Dtosier.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know.
12. MAIDEN NAME OF MOTHER Dont Know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know.

14. INFORMANT Mrs. M. E. Robbins
(Address) Waverlysburg Mo

15. FILED Feb 10, 1928 R. A. Dooley, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1927 to Jan 14 1928 that I last saw h... alive on Jan 14 1928, and that death occurred, on the date stated above, at 7 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Gastritis
Due to
Due to
Due to (duration) 10 yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Senility and Myocarditis
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. A. Dooley, M. D.
1/15, 1928 (Address) Odessa 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 Mt Tabor — DATE OF BURIAL 1-16 1928
20. UNDERTAKER Blumer Funeral — ADDRESS Odessa Mo

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.

THIS IS A PERMANENT RECORD