FEB 21 1928

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

Do not use this space.

1702

1. PLACE OF DEATH
County Lawrence — Registration District No. 467 — File No.
Township Aurora — Primary Registration District No. 42 80 — Registered No.
City Aurora (No. 229 W Locust St. Ward)

2. FULL NAME Hattie May White
(a) Residence. No. 229 W Locust 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
54	9	8	

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) Lawrence Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Julius Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Susan Pyle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT W. P. Taylor
(Address) Aurora Mo

15. FILED 1/24 1928 R. W. Smart REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to Jan 23, 1928, that I last saw her alive on Jan 23, 1928, and that death occurred, on the date stated above, at 1 15 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rheumatism
11B
11B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Influenza and Streptococcus infection (duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED
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) S N Townsend, M. D
1-25, 1928 (Address) Aurora 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 Pyle Park — DATE OF BURIAL 1/ 1928

20. UNDERTAKER King und Co — ADDRESS Aurora

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.