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.

N 1

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

Do not use this space.

13970

1. PLACE OF DEATH

County: Livingston — Registration District No. 508

Township: Rich Hill — Primary Registration District No. 5685

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

File No. .....

Registered No. 41

2. FULL NAME: Lucy Ellen White

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 22. 1903.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	25	2	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Hance White

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

12. MAIDEN NAME OF MOTHER: Jennie Melton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ill.
(STATE OR COUNTRY)

14. INFORMANT: Mrs Hance White
(Address) Chillicothe Missouri

15. FILED 4-20 1928 Reuben Barney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/18 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb-4, 1928, to 4-18, 1928, that I last saw he alive on 4-18, 1928, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-enteritis
Influenza

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Reuben Barney, M. D.

4-19, 1928 (Address) Chillicothe

*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: Wica Cemetary — DATE OF BURIAL: 4/20 1928

20. UNDERTAKER: R. M. Marshall — ADDRESS: Chillicothe Mo