

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

Do not use this space.

14187

1. PLACE OF DEATHCounty New MadridRegistration District No. 82Township 3Primary Registration District No. 6890City Noyale (No. 511)File No. 34

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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**white**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**child**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Feb 22 - 28**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

—124**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

child

(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)

Noyale
mo**10. NAME OF FATHER**Charles White**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

New Madrid
mo**12. MAIDEN NAME OF MOTHER**Kelly May White**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Texas**14.**

INFORMANT (Address)

Charles White
Matthews 200 RR**15.**

FILED

5/20/28
W. H. Allen

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**April 16 1928**17.**

I HEREBY CERTIFY, That I attended deceased from April 12, 1928, to April 16, 1928 that I last saw h. alive on April 15, 1928, and that death occurred, on the date stated above, at 4:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:Broncho-Pneumonia**CONTRIBUTORY (SECONDARY)****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) W. H. Presnell, M. D.

*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

Matthews Cemetery 4-17 1928**20. UNDERTAKER**

ADDRESS

John Albritton Sheldon
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.

