

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.

1928

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

Do not use this space.

14219

1. PLACE OF DEATH

County Newman  
Towship 1st  
City (No. ....) .....

Registration District No. 114  
Primary Registration District No. 5819

File No. 18  
Registered No. 18

2. FULL NAME

Annie Louise White

(a) Residence. No. .... St. .... Ward. ....  
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

L

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

7. AGE

YEARS 0

MONTHS 0

DAYS 0

IF LESS than 1 yr. 30 hrs. or min.

8. OCCUPATION OF DECEASED

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

None

(b) General nature of industry, business, or establishment in which employed (or employer)

L

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Ralph White

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Grandy Mo

12. MAIDEN NAME OF MOTHER

Annie Louise Hanlen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Grandy Mo

14.

INFORMANT

(Address)

Geo. Hanlen  
Grandy Mo

15.

FILED ... 1928

M. J. P. Luss

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 7 1928

17.

I HEREBY CERTIFY That I attended deceased from April 7 1928 to April 7 1928 that I last saw him live on April 7 1928 and that death occurred, on the date stated above, at 2:30 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature Birth

CONTRIBUTORY (SECONDARY)

15/16/0 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? .....

19. WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O. A. Sale

M. D.

(Address) Grandy 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

DATE OF BURIAL

Grandy Mo.

Apr 9 1928

20. UNDERTAKER

ADDRESS

Jacobsman

Grandy Mo

