

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.

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

Do not use this space

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No.) City Hospital # 2

22660
File No.
Registered No. 6912
St. Ward

2. FULL NAME

(a) Residence. Celestine White
(Usual place of abode) 2010 Can. St. 21 Ward.
Length of residence in city or town where death occurred 26 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-19-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 11 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Not known

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

12. MAIDEN NAME OF MOTHER Lizzie White

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

14. INFORMANT Anna F. Woodard
(Address) City Hospital # 2

15. FILED 1-2-28 May 2 Starbuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1928

I HEREBY CERTIFY That I attended deceased from June 21 1928 to June 29 1928
that I last saw him alive on June 29 1928, and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebrospinal Lues.
(duration) Indefinite

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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

17. DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Thomas M.D.
7/2/28 City Hospital # 2

State the DISEASE CAUSING DEATH, for 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
Greenwood Cem. 7-3-28

20. UNDERTAKER People's Undertaking Co. Frank.

