

REC 26 1928

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

Do not use this space.

36298

1. PLACE OF DEATH

County Care
Township Welch
City Chaffee RR # 3 (No. 3)

Registration District No. 125
Primary Registration District No. 5178

File No. _____
Registered No. 1248
St. _____ Ward)

2. FULL NAME

Jessie Willine White

(a) Residence No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. ✓ mos. ✓ da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Bell City
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Engene White

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

12. MAIDEN NAME OF MOTHER Flora Hitt

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

14. INFORMANT X. J. White
(Address) Chaffee RR # 3 MO

15. FILED 11/27 1928 [Signature] REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 6 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 31, 1928 to Nov 5, 1928 that I last saw her alive on Nov 5, 1928, and that death occurred, on the date stated above, at 12:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11/5
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 11/13
(duration) yrs. mos. 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? injection
(Signed) S. E. Lewis, M. D.
, 19 (Address) Advance, 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 Fairview Cemetery DATE OF BURIAL Nov. 7 1928

20. UNDERTAKER W. C. Knight ADDRESS Advance Mo.

N. E.—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.

PARENTS

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