

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

Do not use this space.

37625

1. PLACE OF DEATH

County Miss
Township Long Point
City Clinton (No. 9)

Registration District No. 566
Primary Registration District No. 5762

File No. _____
Registered No. 91

2. FULL NAME

Mrs. Edith B. White
(a) Residence No. _____ St. Bertrand Ward RR #1 Mo
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-3-1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 7 1

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Posy Co. Ind
(STATE OR COUNTRY)

10. NAME OF FATHER H.N. Reeves

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Harrick White
(Address) RR #1 - Bertrand Mo

15. Nov 28 1928 J.S. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 23, 1928, to Nov 4, 1928, that I last saw her alive on Nov 4, 1928 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia Uterina
140
139C
3/2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Abortion
146 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 146
(IF NOT AT PLACE OF DEATH) _____

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

0 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) H. J. Daugherty, M. D.
, 19 (Address) Bertrand 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 Adalia Cemetery DATE OF BURIAL 11/5 1928

20. UNDERTAKER Miss. and Co. Mo ADDRESS Charleston Mo
The Fair Mnd Co.

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.

