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

Do not use this space.

395

File No. .....

Registered No. 6

1. PLACE OF DEATH

County: Butler — Registration District No. 88

Township: Neely — Primary Registration District No. 5130

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Leta White.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Negro	Infant.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22-1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	27	

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): .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Neelyville
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Charley D. White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clark Co.
(STATE OR COUNTRY) Arkansas.

12. MAIDEN NAME OF MOTHER Herbert Lasley

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

14. INFORMANT Charley D. White
(Address) Neelyville Mo.

15. FILED 1/21st 1929 R. L. Turner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 20 1929

17. I HEREBY CERTIFY, That I attended deceased from January 11, 1929, to January 20, 1929, that I last saw he alive on January 19, 1929, and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Catarrhal Pneumonia.

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) .....

(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? None

(Signed) R. L. Turner, M. D

, 19 (Address) Neelyville, 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: Neelyville, Mo.

DATE OF BURIAL: Jan 21 1929

20. UNDERTAKER: Frank Undt Co.

ADDRESS: Poplar Bluff 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.

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