PR 30 1929

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

Do not use this space.

11776

1. PLACE OF DEATH
County Pemiscot — Registration District No. 655 — File No.
Township Virginia — Primary Registration District No. 5872 — Registered No.
City Steele (No. ..... St. ..... Ward)

2. FULL NAME Bee ~~White~~ Lulu B 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 42 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

X 6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 19 - 1887

7. AGE: 42 — YEARS: ~~1887~~ — MONTHS: Nov. — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): house work
(c) Name of employer: J R White

9. BIRTHPLACE (CITY OR TOWN): Rileford
(STATE OR COUNTRY): Tenn.

PARENTS
10. NAME OF FATHER: John Creele
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): —
12. MAIDEN NAME OF MOTHER: Laney Creele
X 13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): —

14. INFORMANT: dont know.
(Address)

15. FILED ..... 19..... Max L. Kelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3. 1. 1929

17. I HEREBY CERTIFY, That I attended deceased from only one day, 19..., to ..., 19..., that I last saw her alive on 3 - 1, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Infection and Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

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

18. WHERE WAS DISEASE CONTRACTED: near Hallow X
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J R McNamel, M. D
, 19 (Address) Steele 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: Sanford Cem
DATE OF BURIAL: 3/2 1929
20. UNDERTAKER: Friends
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.