

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

Do not use this space.

13649

1929 PLACE OF DEATH Washington
 County Buettner Registration District No. 887
 Township Buettner Primary Registration District No. 6179
 City (No.) St. Ward

2. FULL NAME Mary Ann White
 (a) Residence. No. St. Ward.
 (Usual place of abode)
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-5-1845

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-24-1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1924 to Mar. 4, 1929 that I last saw him alive on on date 27, 1928 and that death occurred, on the date stated above, at 12:30 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 2 19

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized death
accelerated (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) accelerated (duration) 40 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co.

10. NAME OF FATHER Frank Bone

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

12. MAIDEN NAME OF MOTHER Hubmann

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. H. Bone, M. D.
3/24/29 (Address) Bonne Terre Mo.

14. INFORMANT Robert White
 (Address) Bonne Terre Mo.

15. FILED 3/28/29 Jos. L. Thurman
 REGISTRAR

*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 DATE OF BURIAL
Pond Creek. 3/25 1929.

20. UNDERTAKER ADDRESS
J. B. Boyer Son. Potosi Mo

WRITE PLAINLY, WITH OUPADING INK. THIS IS A VITAL 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.

