

1929

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

Do not use this space.

15649

1. PLACE OF DEATH

County Putnam
Township Liberty
City Liberty (No. St. Ward)

Registration District No. 720
Primary Registration District No. 3951

File No. 16
Registered No. 16

2. FULL NAME

Mary E 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 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 7 8

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) Iowa
(STATE OR COUNTRY)

10. NAME OF FATHER Henderson

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Chas Fowler
(Address)

15. FILED 5-3, 1929 E. E. McCalla
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 18 1929

17. I HEREBY CERTIFY, That I attended deceased from 4 1st 19 to 4 18 1927
that I last saw her alive on 4 16 1925, and that death occurred, on the date stated above, at 3 9 3 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(Myocarditis)

132A (duration) yrs. mos. ds. 20

CONTRIBUTORY (SECONDARY) 129 B
(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 Chemical test

(Signed) P. J. ... M. D.

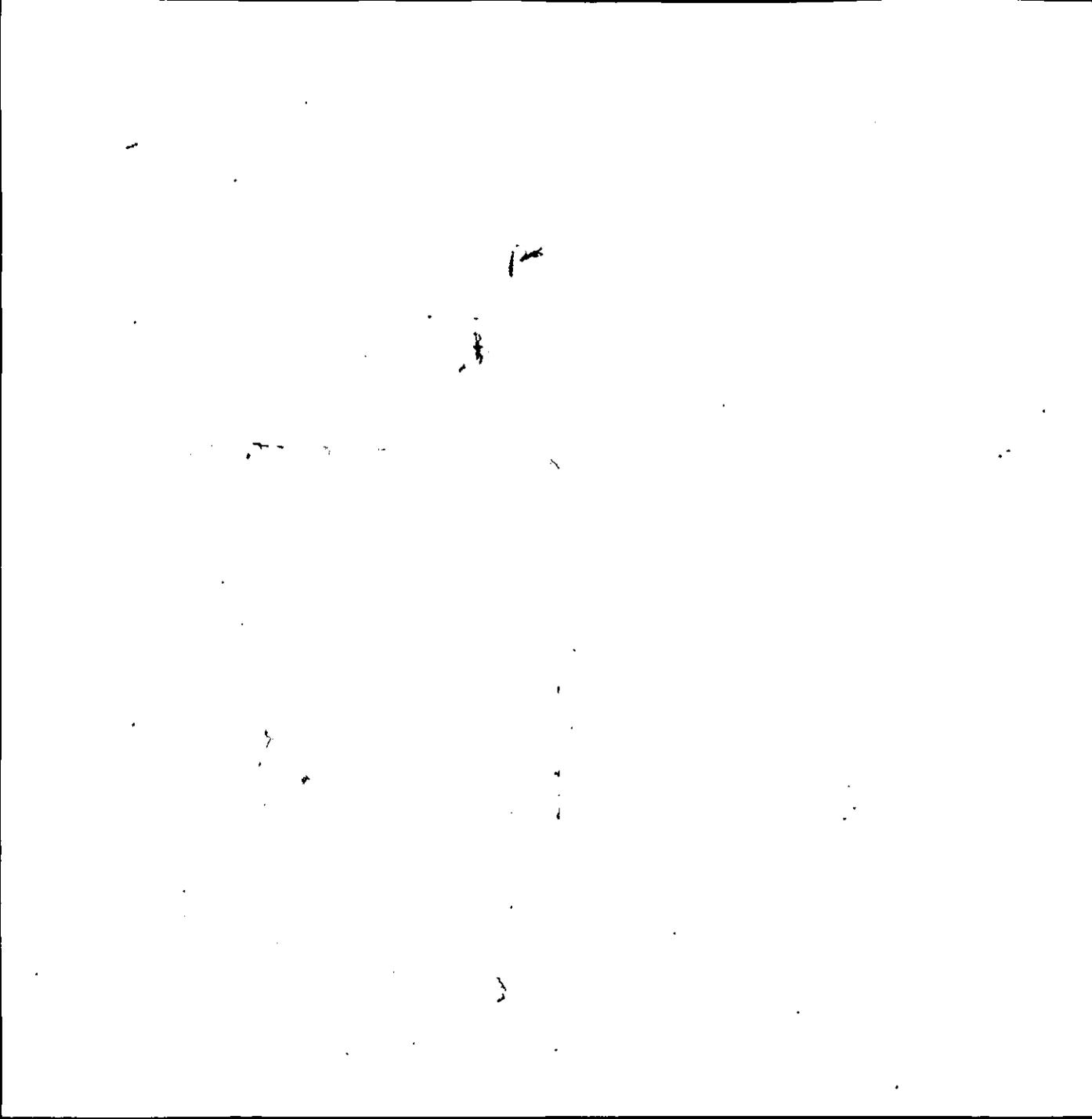
, 19 (Address) Centerville

*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 Centerville Cem DATE OF BURIAL Apr 18, 1929

20. UNDERTAKER F. V. ... ADDRESS Unionville

Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Putnam
Township Liberty
City (No. _____) _____ St. _____ Ward _____

Registration District No. 720
Primary Registration District No. 9-951

Folio No. _____
Registered No. 16

2. FULL NAME

(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. (If nonresident, give city or town and State)

Mary E. White

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 8 8

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) _____ (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Henderson

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

12. MAIDEN NAME OF MOTHER Don't Know

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

14. INFORMANT Chas. Fowler (Address) Livonia, Mo.

15. FILED 5-3-29 E.E. McShellan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 18 1929

17. I HEREBY CERTIFY That I attended deceased from 1st 1928 to 4-18- 1929 that I last saw him alive on 4-16- 1929 and that death occurred, on the date stated above, at 3-8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephriatic

(duration) _____ yrs. _____ mos. 20 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 Chemical Test

(Signed) P. U. Hart, M. D.

, 19 _____ (Address) Coatsville 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 Concord Cemetery DATE OF BURIAL 4-20 1929

20. UNDERTAKER F. O. Husted & Son ADDRESS Livonia Mo

SUPPLEMENTARY

64951-S