10
UR 23 1929
3
8

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

Do not use this space.

20674

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No. 158
Township — Primary Registration District No. 3006 — Registered No.
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Willamenia Crosswhite
(a) Residence. No. 23 Switzler 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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-21-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	1	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Viola Crosswhite
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

14. INFORMANT Robert Crosswhite
(Address) Columbia Missouri

15. FILED 6-14, 1929 Beatrice Grubbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12 1929

17. I HEREBY CERTIFY, That I attended deceased from 6/7/29, 19..., to 6/12/29, 19..., that I last saw her alive on 6/12/29, 19..., and that death occurred, on the date stated above, at 8 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bron. Pneumonia
10 Primary
(duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY) 1000
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G A Mc Ford, M. D.
, 19 (Address) Columbia 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: Calvary Cemetary — DATE OF BURIAL: 6-14- 1929

20. UNDERTAKER: Stuart P. Parker — ADDRESS: Columbia, 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.