

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.

MAP 28 1930

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

Do not use this space.

6028

1. PLACE OF DEATH

County Polaski

Registration District No. 712

Township Liberty

Primary Registration District No. 4427

City Richland (No.)

File No.

Registered No. 8

St. Ward

2. FULL NAME

Laura Anne 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 28 yrs. 3 mos. 18 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

John P. White

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

March 1 - 1870

7. AGE

YEARS

59

MONTHS

11

DAYS

18

If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Polaski Co.

Mo.

10. NAME OF FATHER

Louis G. Dickering

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miller Co. Mo.

12. MAIDEN NAME OF MOTHER

Hammack

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miller Co. Mo.

14.

INFORMANT
(Address)

Statis Linschess
Richland Mo.

15.

FILED 220, 1930

Overt A. Oliver

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1930

17.

I HEREBY CERTIFY, That I attended deceased from Feb 22, 1929, to Feb 19, 1930, that I last saw her alive on Feb 19, 1930, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Uterus
48

46 (duration) 1 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at place of death
4 or 5 months Radio treatment

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Effortory Examination

(Signed)

H. C. Murphy, M. D.

2.19, 1930 (Address)

Richland, 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

DATE OF BURIAL

Richland, Mo.

Feb 20 1930

20. UNDERTAKER

ADDRESS

W. J. Jones Richland - Mo -

