

JAN 28 1930

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

Do not use this space
7183

7470

1. PLACE OF DEATH

County Vernon
Township Lake
City (No.)

Registration District No. 876
Primary Registration District No. 6164

File No.
Registered No.
St. Ward

2. FULL NAME

Mrs denoa Satterwhite

(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 12 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas P. Satterwhite

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 | 6 | 11

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) California
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John W. Satterwhite

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

12. MAIDEN NAME OF MOTHER Fancy Hines

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

14. INFORMANT (Address) Mrs. B. A. Thurman
Richards, Mo

15. FILED March 30 Nettie Richards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 2/13 1930, to 3/16 1930, and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 9:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atrophic Cirrhosis
of Liver

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

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

18. WHERE WAS DISEASE CONTRACTED 122151
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? 493
(Signed) J. M. Yates, M. D.
, 19 (Address) Nevada 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 Newton Burial Park DATE OF BURIAL Feb 17 1930

20. UNDERTAKER John C. Myers Nevada
ADDRESS

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.

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