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

Do not use this space.

22277

1. PLACE OF DEATH

County: Clark — Registration District No. 190

Township: — Primary Registration District No. 4113

City: Kahoka Mo (No. ..... St. ..... Ward)

File No. ..... Registered No. ~~30~~ 26

2. FULL NAME: Lucy M. White

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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

3. SEX: Female

4. COLOR OR RACE: W.

5. ~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED (write the word)~~: Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 25, 1852

7. AGE: Years 78 — Months 3 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(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): Erie Co. Ohio.

PARENTS

10. NAME OF FATHER: John Scouton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York.

12. MAIDEN NAME OF MOTHER: Maria Ahle

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

14. INFORMANT: Leslie White
(Address) Kansas City Mo.

15. FILED 7/8, 1930 J. R. Bridges, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to July 4, 1930, that I last saw her alive on July 4, 1930, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular insufficiency of heart
92A
112
(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Asthma
(duration) ..... yrs. 6 mos. ..... ds.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Diag.

(Signed) A. C. Bridges, M.D.

7/8, 1930 (Address) Kahoka 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: Kahoka Cemetery — DATE OF BURIAL: 7/8 1930

20. UNDERTAKER: Fred J. Karle — ADDRESS: Kahoka Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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.

V. S. No. 2.