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

Do not use this space.

22413

1. PLACE OF DEATH
County: Dent
Township: Watkins
City: (No. , St. Ward)
Registration District No.: 266
Primary Registration District No.: 5-375
File No.:
Registered No.: 128

2. FULL NAME: Wanita Lee Case

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 10 1928

7. AGE: Years 1 | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

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): At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Licona
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Joe Case
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Licona
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mildred Leonard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Licona
(STATE OR COUNTRY): Mo

14. INFORMANT: Joe Case
(Address): Licona Mo

15. FILED 7/9, 19 30 W. E. Rudd, M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 8 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 8, 1930, that I last saw her alive on July 7, 1930, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Entero-Colitis
1130 1193
(duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY): None
(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? None
(Signed) J. R. Mitchell M. D.
, 19 (Address) Rolla 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: Antt Cemetery
DATE OF BURIAL: 7-9-1930

20. UNDERTAKER: None
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.