

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.

At *Rolling* SEP 25 1930

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

Do not use this space.

27334

1. PLACE OF DEATH

County *Missouri*
Township *Washington*
City *Charleston* (No.)

Registration District No. *566*
Primary Registration District No. *3030*

File No.
Registered No. *72*
St. Ward)

2. FULL NAME

Mary Elizabeth White

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR WIFE OF) *C. H. White*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug-28-1870*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 25

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) *Ky - Austin*

10. NAME OF FATHER *Austin*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Ky -*

12. MAIDEN NAME OF MOTHER *Dont know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Dont know*

14. INFORMANT *Mary White*
(Address) *3549 Washington St. Charleston, Mo.*

15. FILED *Aug 4 1930* REGISTRAR *F. S. Stevens*

MEDICAL CERTIFICATE OF DEATH

7:30 Pm

16. DATE OF DEATH (MONTH, DAY AND YEAR) *8/3- 1930*

17. I HEREBY CERTIFY, That I attended deceased from *about March 15 1930*, to *June 30 1930* that I last saw her alive on *about July 15 1930*, and that death occurred, on the date stated above, at *7:30 P m*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
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several (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *21* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH *Dont know*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *none*

WAS THERE AN AUTOPSY? *no* *sputum*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical symptoms*
(Signed) *E. Chas. Rolling*, M. D.
. 19 (Address) *Charleston, 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 *Oak Grove Cemetery* DATE OF BURIAL *8/6 1930*

20. UNDERTAKER *The Fair Undert. Co.* ADDRESS *Charleston Mo.*

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