

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

Do not use this space.

32812

4036

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Jackson Primary Registration District No. 132 Hospital File No. 4036  
 City Jackson City (No. 132 Hospital) St. Jackson Ward 14

**2. FULL NAME**

(a) Residence. No. 2435 Mersington St. 14 Ward. (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**

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jan 4 - 1914</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 4 - 1914</u>	7. AGE YEARS <u>16</u> MONTHS <u>9</u> DAYS <u>0</u>	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) (c) Name of employer <u>At Home</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson City, Mo</u>		
PARENTS	10. NAME OF FATHER <u>Michael J. White</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
	12. MAIDEN NAME OF MOTHER <u>Anna Moran</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
14. INFORMANT (Address) <u>Miss Anna White 2435 Mersington</u>		
15. FILED <u>10-4-30</u> <u>M. McCreary</u> REGISTRAR		

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Oct 3, 1930, that I last saw her alive on Oct 3, 1930, and that death occurred, on the date stated above, at Oct 4 6:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis acute  
92A  
93A  
101A (duration) yrs. 1 mos. 3 ds.  
 CONTRIBUTORY Acute Bronchitis (SECONDARY)  
Ch. endocarditis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
Now  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN INJURY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) A. J. [unclear] M. D.  
1930 (Address) 235 Pines Blk

\*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  
West Marys 10/6/30

20. UNDERTAKER ADDRESS  
J. J. O'Rourke 256 Edway

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.

