

NOV 28 1930

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

Do not use this space.

33999

1. PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township Crescent Primary Registration District No. 6032
 City St. Louis (No.) St. Ward

2. FULL NAME Frances M. White
 (a) Residence No. Crescent, Mo. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 8 4

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) Kent, Conn.
 (STATE OR COUNTRY)

10. NAME OF FATHER Simion Griffin

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

12. MAIDEN NAME OF MOTHER Rhodean Commings

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

14. INFORMANT x Blanche E. White
 (Address) Crescent Mo.

15. FILED 11/10 1930 P. E. Barnett M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 9, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1930 to Oct 9, 1930 that I last saw h. lx alive on Oct 7, 1930, and that death occurred, on the date stated above, at 1:35 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis, ch.
1930
120 B
 (duration) ? yrs. mos. da.

CONTRIBUTORY (SECONDARY) Diarrhea, acute
 (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED POB
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Chas Rozias, M. D.
 (Address) Eureka, 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 East St. Louis, Ill. DATE OF BURIAL Oct. 9, 1930

20. UNDERTAKER Kurros Undertaking Co. ADDRESS East St. Louis, Ill.
J. E. Menestonia

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.

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