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

Do not use this space.

41740

JAN 22 1931

1. PLACE OF DEATH
County Stoddard
Township Liberty
City Bernie
Registration District No. 836
Primary Registration District No. 4507
File No.
Registered No. 76
(No. ..... St. ..... Ward)

2. FULL NAME Unnamed White
(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 X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-27-1930

7. AGE: YEARS | MONTHS | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bernie Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Hary White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Townley Mo
12. MAIDEN NAME OF MOTHER Ora Henley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Russellvill Ky

14. INFORMANT Hary White
(Address) Bernie Mo

15. FILED 1/4/ 1931 Dr. J. C. Allen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suffocation. Attended mother at birth but saw it no more until called and child was dead. Hourly.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
Seemingly normal at birth
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 132
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. F. Riddle, M. D
, 19 (Address) Bernie 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: Bernie Mo
DATE OF BURIAL: 12-29 1930

20. UNDERTAKER: B M Hopkins
ADDRESS: Bernie Mo

CAUSE OF DEATH in plain [illegible] may be properly classified. Exact statement of OCCUPATION is very important.