

MAR 27 1931

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

Do not use this space.

6716

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly (No. 422 Cleveland)

File No. _____
Registered No. 45
St. _____ Ward _____

2. FULL NAME Mettie Belle White

(a) Residence, No. 422 Cleveland 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) Dec 19th 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 113. NAME Ralph White14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Killie Bailey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Ralph White (ADDRESS) Moberly18. BURIAL, CREMATION, OR REMOVAL PLACE Perche DATE Mar 1st 193119. UNDERTAKER Mahan & Son (ADDRESS) Moberly, Mo20. FILED 2/28 1931 Thos. P. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28th 193122. I HEREBY CERTIFY, That I attended deceased from Feb. 25 - 1931 to Feb 28 - 1931I last saw her alive on Feb. 28 - 1931 Death is saidto have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Bronchial PneumoniaDate of onset 2/15/31

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) L. E. Fisher(Address) Moberly, Mo

, M. D.

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.

RECORDING INFORMATION IS A PERMANENT RECORD

