

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.

NOV 23 1931

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

Do not use this space.

33834

1. PLACE OF DEATH

County Carroll Co  
Township Carrollton  
City Ethlyn (No.           )

Registration District No. 135  
Primary Registration District No. 1-188

File No.             
Registered No. 89  
St.            Ward           

2. FULL NAME

Ethlyn Velma White

(a) Residence, No.            St.            Ward             
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leslie White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-23-1904</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>0</u>
	DAYS <u>13</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Raymer Missouri</u>		
FATHER	13. NAME <u>Wm Bowman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Felder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Leslie White Bogard Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT Zion</u> DATE <u>10-8</u> , 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>E.A. Dickerson Bogard Missouri</u>		
20. FILED <u>10-7</u> , 19 <u>31</u> <u>Mrs E E Farnham</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to Oct 6, 1931. I last saw her alive on Oct 6, 1931. Death is said to have occurred on the date stated above, at 3 P. m. The principal cause of death and related causes of importance were as follows:  
Peritonitis following Puerperal Sepsis.  
1491303  
120  
Other contributory causes of importance:  
145 a

Name of operation            Date of             
What test confirmed diagnosis?            Was there an autopsy?           

23. 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? Yes  
If so, specify             
(Signed) William G. Atwood, M. D.  
(Address) Carrollton Mo

Date of onset  
Oct  
2  
1931

SEP 29 1953

3