

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

Do not use this space.

18549

1. PLACE OF DEATH

1 County Adair
2 Township
7 City Kirksville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 87
St. _____ Ward _____

2. FULL NAME Hattie Mae White

(a) Residence, No. 601 N. Elm 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 1

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Iowa

13. NAME John Lawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co. Cork Ireland

15. MAIDEN NAME Jennie Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Harriet White
601 N. Elm, Kirkhall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 6-11-1932

19. UNDERTAKER (ADDRESS) Dee Riley
Kirksville Mo

20. FILED 6/11 1932 E. Becker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1932, to June 9 1932.
I last saw her alive on June 9 1932. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus Date of onset _____

Other contributory causes of importance: 4/3 4/8
Possibly cool
years
ago

Name of operation None Date of _____
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

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? _____
If so, specify _____

(Signed) H. E. Patton, D.O. M.D.
Kirksville, Mo. (Address)

