

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

Do not use this space.

23320

1. PLACE OF DEATH

County Franklin

Registration District No. 502

Township Marceline

Primary Registration District No. 4305

City Marceline (No. 4)

File No. _____

Registered No. 21

St. _____ Ward _____

2. FULL NAME Frances Lorene 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 11 28

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) Marceline Mo

13. NAME Earl White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo

15. MAIDEN NAME Carrie Auspach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo

17. INFORMANT (ADDRESS) Earl White Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McClure DATE July 24 1932

19. UNDERTAKER (ADDRESS) Gas M. Laughlin Marceline Mo

20. FILED 7/27 1932 Ala Putman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1932

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:25 a.m.

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

Cerebral thrombosis
2001
Other contributory causes of importance: A, B, C

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) P. J. Patonok, City Health M. D.

(Address) Marceline Mo

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.

AGE 85 1932

