WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

X 3-0-X AUG 27 1932

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

Do not use this space.

24046

1. PLACE OF DEATH 96
County St Louis
Township CARONDELET
City ..... (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248

File No. .....
Registered No. 219

2. FULL NAME Mary V. White
(a) Residence, No. 4973 Columbia 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 Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married.
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Geo White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-28-1889
7. AGE 43 YEARS 4 MONTHS 0 DAYS 04 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
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. ..... 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) Illinois

FATHER
13. NAME Hy. Gifford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Mary Robson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Geo. White
18. BURIAL, CREMATION, OR REMOVAL Calvary
PLACE ..... DATE 7/6 1932
19. UNDERTAKER (ADDRESS) John O Collins 928 Morgan
20. FILED July 4 1932 L. C. Abrock M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2, 1932
22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1932, to 7-2, 1932
I last saw her alive on 7-2, 1932 Death is said to have occurred on the date stated above, at 9:25 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary T B. | |
| 23A | |
| 25 | |

Other contributory causes of importance:
T B. Laryngitis (1)
" Enteritis

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

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) Charles Ehlers, M. D.
(Address) 9101 So Broadway