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.

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10623

City Saint Louis (No. 1213 North 11th Street St. ..... Ward)

2. FULL NAME Mabel White

(a) Residence, No. 1213 North 11th Street St. 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
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) Jan 29th, 1931

7. AGE YEARS 1 MONTHS 9 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Saint Louis Missouri

FATHER

13. NAME ~~L. D. White~~

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Yazoo City~~ ~~Mississippi~~

MOTHER

15. MAIDEN NAME Theresa White

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

17. INFORMANT L. D. White (ADDRESS) 1213 North 13th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE Dec. 1st 1932

19. UNDERTAKER Charles J. Gales (ADDRESS) 4107 Finney Avenue

20. FILED DEC 1 1932 19 Wm C Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 27 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1932 to Nov. 27, 1932

I last saw her alive on Nov. 27, 1932 Death is said to have occurred on the date stated above, at 11 25 p.m.

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

Date of onset

Lobar Pneumonia

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Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Symptoms 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?

If so, specify —

(Signed) S. E. Walthall, M. D.

(Address) 1001 N. Jefferson