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

Do not use this space.

41202

File No. .....

Registered No. 41

1. PLACE OF DEATH

88 County RANDOLPH Registration District No. 733

Township SALT SPRING Primary Registration District No. 5967

City ..... (No. ....., ... St. ..... Ward)

AN 27 1933

2. FULL NAME LENA CROSS 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 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED.

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF GEORGE CROSSWHITE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25-1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	7	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEWIFE

(b) General nature of industry, business, or establishment in which employed (or employer) 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) KENTUCKY

PARENTS

10. NAME OF FATHER G.S. COWGILL

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) KENTUCKY

12. MAIDEN NAME OF MOTHER EMALINE ROBB

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) KENTUCKY

14. INFORMANT GEO. CROSS WHITE
(Address) R#4 MOBERLY

15. FILED Dec 10 1932 G G Bragg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC. 7. 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932, to Dec 7, 1932, that I last saw her alive on Dec 3, 1932, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Dis.

92 (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) [illegible] (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ①

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin signs & Symptoms

(Signed) C C Smith, M. D.

, 19 (Address) Moberly, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
NEW HOPE CEM.	DEC. 9 1932.

20. UNDERTAKER	ADDRESS
SNOW-LEAVERTON	MOBERLY 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.