

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

Do not use this space.

5087

1. PLACE OF DEATH

24 County Chey Registration District No. 198
 9 Township St. Peters Primary Registration District No. 3011
 4 City Excelsior Springs 401 Superior St

File No.
 Registered No. 33
 St. Ward)

2. FULL NAME

Mrs Martitia 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 1915 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph E White
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 25 - 1845
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 5 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Illinois

MOTHER 13. NAME Ephraim Cain

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Emily Bein

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT Miss Vera White
 (ADDRESS) Excelsior Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation - F.C. No. 26 - 1933

19. UNDERTAKER New News Service
 (ADDRESS) Lawson City - Mo

20. FILED 2/23 1933 St. Peters
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1933, to 2/22, 1933
 I last saw h. ee alive on 2/22, 1933. Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

2/20 Due to complications Date of onset
old age
162 162
 Other contributory causes of importance:
General Decline
Sensibility

Name of operation Date of
 What test confirmed diagnosis? 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? NO
 If so, specify
 (Signed) C. P. Bartley, M. D.
 (Address) Excelsior Springs 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.

THIS IS A PERMANENT RECORD

