

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

Do not use this space.

5793

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kennett (No. 1225 Michigan)

File No. _____
Registered No. 745 Ward _____
St. _____

2. FULL NAME

Hattie Dukes White
(a) Residence, No. 1225 Michigan St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mar 25-1861
7. AGE YEARS 72 MONTHS 10 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

Brandon miss
13. NAME Sam Hopson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Maria Preston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS)

Daisy Dukes
18. BURIAL, CREMATION, OR REMOVAL Kennett, 2-14-33
Angland Cemetery DATE _____ 1933

19. UNDERTAKER (ADDRESS)

Fleming & Greenstedt
Kennett
20. FILED 2-14-33 M. M. Crane
Asst Registrar

2 MEDICAL CERTIFICATE OF DEATH 9:30 am

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-33, 1933
22. I HEREBY CERTIFY That I attended deceased from Feb. 4, 1933, to Feb. 11, 1933
I last saw her alive on Feb. 9, 1933 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Uremia
45 1/2 13
13 2 13
95 B
Other contributory causes of importance:
Cerebral Vascular Disease

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) M. M. Crane, M. D.
(Address) 157 E. W. St. Kennett

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.

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