

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

Do not use this space.

10400

1. PLACE OF DEATH

County Monroe
Township Union
City (No.) St. Ward)

Registration District No. 580
Primary Registration District No. 5927

File No.
Registered No. 5

2. FULL NAME

Martha E. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>				
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sweeney White</u>						
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 4th 1843</u>						
7. AGE	YEARS	MONTHS				
	<u>89</u>	<u>3</u>				
		<table border="1"> <tr> <td>DAYS</td> <td>IF LESS than 1 day, hrs. or min.</td> </tr> <tr> <td align="center"><u>15</u></td> <td></td> </tr> </table>	DAYS	IF LESS than 1 day, hrs. or min.	<u>15</u>	
DAYS	IF LESS than 1 day, hrs. or min.					
<u>15</u>						
8. OCCUPATION OF DECEASED						
(a) Trade, profession, or particular kind of work. <u>at home</u>						
(b) General nature of industry, business, or establishment in which employed (or employer)						
(c) Name of employer						

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19th 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1933 to Feb 19th 1933, and that I last saw her alive on Feb 17th 1933, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
arterio-sclerosis and
Bronchial asthma

(duration) 930 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis and Bronchial asthma
(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. NO

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? L. E. White
(Signed) L. E. White, M. D.

320th 1933 (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.

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

Mo

10. NAME OF FATHER

Nathaniel Lewis

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

Mo

12. MAIDEN NAME OF MOTHER

Minerva McLean

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

Kas

14. INFORMANT (Address)

Mr J W Sweetnam
RFD Middle Grove

15. FILED

3-21-1933 E. E. Brock
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Moberly Mo

DATE OF BURIAL

3-21st 1933

20. UNDERTAKER

Mahau Mussa

ADDRESS

Moberly Mo

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.

APR 24 1933

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