

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

Do not use this space.

13674

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421
 3 Township Golden Primary Registration District No. 4249
 4 City Keosauqua (No. _____ St. _____ Ward _____)

2. FULL NAME

Justine 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24/1907
 7. AGE YEARS 26 MONTHS 2 DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
 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) Valley Mines Mo

MOTHER FATHER 13. NAME Frank Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

15. MAIDEN NAME Mary Blish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

17. INFORMANT (ADDRESS) John Brown
Testus mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funell DATE 4/28 19. 33

19. UNDERTAKER (ADDRESS) First Med. Co
Keosauqua Mo

20. FILED 4/27 19. 33 J. E. Rutledge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1932 to April 26, 1933

I last saw her alive on April 25, 1933 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Tuberculosis Pulmonary Date of onset _____
23A 23B

Other contributory causes of importance: Laryngitis J.B.C.

Name of operation _____ Date of _____
 What test confirmed diagnosis Chest 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) Henry Gasket, M. D.

(Address) Keosauqua 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. MAY 22 1933

