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.

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

Do not use this space.

15044

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 3569

City Saint Louis (No. 4317 Saint Louis Avenue St. ..... Ward)

2. FULL NAME Jennie Henry White

(a) Residence, No. 4317 Saint Louis Avenue St. 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unknown 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ (OR) WIFE OF: Reader M. White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3, 1869

7. AGE: 64 YEARS, MONTHS: 1, DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Day work
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation: Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington County Maryland

FATHER

13. NAME: Peter Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington County Maryland

MOTHER

15. MAIDEN NAME: Emma Jane Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Maryland

17. INFORMANT (ADDRESS): Reader M. White 4317 Saint Louis Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Apr. 20, 1933

19. UNDERTAKER (ADDRESS): Charles J. Gates 4107 Finney Avenue

20. FILED APR 19 1933 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1933 to 4/17, 1933

I last saw her alive on 4/17/33, 1933 Death is said to have occurred on the date stated above, at 1:00 A.M.

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

Pericarditis 90B

95B

Other contributory causes of importance:

Date of onset

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? .....

If so, specify .....

(Signed) Jane L. Perry, M. D.

(Address) 4452 Kennedy Av