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.

AUG 26 1933

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

Do not use this space.

20245

1. PLACE OF DEATH

55 County Lawrence — Registration District No. 467 — File No.

Township Aurora — Primary Registration District No. 4280 — Registered No.

City Aurora (No. Ozark Hospital St. Ward)

2. FULL NAME Lelia Alice White

(a) Residence, No. 1200 Elliot Ave ~~St.~~ Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: P.G. White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24-1889

7. AGE: YEARS 43 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Rogersville Missouri

FATHER

13. NAME: James Dorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Missouri

MOTHER

15. MAIDEN NAME: Julia Bridges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansaw

17. INFORMANT (ADDRESS): Zesta White Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park Cem. DATE June 12 1933

19. UNDERTAKER (ADDRESS): King Funeral Home Aurora Mo

20. FILED ....., 19.... R W Smart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to June 11, 1933.
I last saw her alive on June 11, 1933. Death is said to have occurred on the date stated above, at 12.10 A.M.
The principal cause of death and related causes of importance were as follows:

Post operative Shock — Date of onset 6-8-33
54.3
139 C

Other contributory causes of importance: Fibroid Uterus and Cyst Broad Ligament

Name of operation Hysterectomy Date of 6-8-33
What test confirmed diagnosis? Operative 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) R W Smart, M. D.
(Address) Aurora