

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

Do not use this space.

16199

1. PLACE OF DEATH

County Crawford
Township Osborne
City Bowbon (No. _____)

Registration District No. 229
Primary Registration District No. 4129

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

2. FULL NAME

Missouri Kiel 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE of Lewis White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-24-1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
82 - 3

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) Jacksonville Tenn.

13. NAME William Burris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Corey Upchurch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Letcher White (ADDRESS) Bowbon Mo.

18. BURIAL, CREMATION, OR REMOVAL Bowbon Mo. PLACE DATE 5/30/34

19. UNDERTAKER (ADDRESS) Street 6 Bowbon Mo.

20. FILED May 28 1934 O. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23 1934 to May 27 1934.

I last saw her alive on May 27 1934 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Pulmonary congestion with cardiac dilatation and fibrillation Date of onset _____

Other contributory causes of importance: senility

Name of operation none Date of _____

What test confirmed diagnosis physical Was there an autopsy? yes

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. P. Boyce, M. D.

(Address) Suburban 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.

JUN 20 1934

