

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.

MAK 26 1935

1. PLACE OF DEATH

County Lawrence
Township Greene
City (No. _____) _____

Registration District No. 469
Primary Registration District No. 15.632

File No. 21004-A
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Ada White
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Miller Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred less than 1 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>Divorced</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-9-1854</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <u>80 2 5</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	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) Lawrence Co. Mo.

FATHER
13. NAME Annand Kelley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Delia Ann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Francis Bryant Miller Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul DATE 6-10-35

19. UNDERTAKER Monroe & Seiman Miller Mo.
(ADDRESS)

20. FILED B-10 1935-0-2 Bryant
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1934 to 6-14-1934, 1934
I last saw him alive on 6-14-1934, 1934 Death is said to have occurred on the date stated above, at 12 A. M.
The principal cause of death and related causes of importance were as follows:

Thromb. interstitialis
myocardis
Date of onset 1934

Other contributory causes of importance: _____

Name of operation Polk symptoms 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? no
If so, specify _____
(Signed) W. R. Dunning, M. D.
(Address) Miller Mo.

