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 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 23252

Township: — Primary Registration District No.: 2001 — Registered No.: 758

City: St. Joseph (No. 1338 So. 15th, St. St. Ward)

2. FULL NAME Elizebeth White

(a) Residence, No. 1338 S. 15th, St. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	77	1	2	

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.: Home

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): Buchanan Co. Missouri

FATHER

13. NAME: Wiley C. Hartman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Barbara Ann McCorkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co. Missouri

17. INFORMANT (ADDRESS): D. D. White 1338 S. 15th, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bolchow Mo DATE: July 4 1934

19. UNDERTAKER (ADDRESS): Fred D. Clark Mortuary 5025 King Hill Av.

20. FILED: 7-2-1934 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 2, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1934, to July 2, 1934

I last saw her alive on July 1, 1934 Death is said to have occurred on the date stated above, at 2.15 A.m.

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

Myocarditis Chro — Date of onset: Ap. 4.34

108

93C

108

Other contributory causes of importance:

Lobar Pneumonia

Name of operation: None Date of:

What test confirmed diagnosis? Gen. Symp. 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? No

If so, specify

(Signed) Blanch B. Rennick M. D.

(Address) 222 Logan B.