SEP 13 1934

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

Do not use this space.

31686

1. PLACE OF DEATH
County Sullivan — Registration District No. 849 — File No.
Township Buchanan — Primary Registration District No. 6123 — Registered No. 13
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Maggie May 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 24-1884
7. AGE: YEARS 52 — MONTHS 9 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: on farm
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): Sullivan Co Missouri

FATHER
13. NAME: Harrison Rouse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Lina Poland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): George White Green City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Morelock DATE: Aug 28, 1934
19. UNDERTAKER (ADDRESS): Glenn E. Keel Green City Mo
20. FILED 9-8, 1934 Virginia Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 27, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1934 to Aug. 27, 1934
I last saw her alive on Aug. 20, 1934 Death is said to have occurred on the date stated above, at 7-a m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus — Date of onset 1924
59 59
Other contributory causes of importance:
Name of operation: Urine & Blood Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? MO
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? MO
If so, specify .....
(Signed) D. M. Riggins M. D.
(Address) Green City 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.