

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

Do not use this space.

12628

1. PLACE OF DEATH

County Henry  
Township White Oak  
City Zenith (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 3495

File No. 71  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth: 47 yrs. 4 mos. 2 ds. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>G. W. Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19-1887</u>		
7. AGE <u>47</u>	YEARS <u>4</u>	MONTHS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>
	10. Date deceased last worked at this occupation (month and year) <u>Oct-1933</u>
	11. Total time (years) spent in this occupation <u>27 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) Schell City  
(STATE OR COUNTRY) Missouri

13. NAME Louise D. White  
14. BIRTHPLACE (CITY OR TOWN) Gamma Haute  
(STATE OR COUNTRY) Indiana

15. MAIDEN NAME Sophia Shaw

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

17. INFORMANT G. W. Johnson  
(ADDRESS) Zenith Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Peter Christy DATE Apr 23 1935

19. UNDERTAKER J. R. Smith  
(ADDRESS) Zenith Mo

20. FILED 5-6 1935 J. R. Smith  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21 1935

22. I HEREBY CERTIFY, That I attended deceased from

1930, to Apr 21 1935

I last saw her alive on April 21 1935 Death is said

to have occurred on the date stated above, at 4:30 a.m.

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

Date of onset

Carcinoma of  
Pancreas  
46

Other contributory causes of importance:

Name of operation Exploratory Date of Feb 1932

What test confirmed diagnosis? \_\_\_\_\_ 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) J. S. McDonald M. D.

(Address) Zenith Mo.

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