

AUG 12 1935

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

Do not use this space.

22244

## 1. PLACE OF DEATH

County

Buchanan

Registration District No.

80

Township

St Joseph

Primary Registration District No.

107

City

St Joseph

(No.

Mo Methodist

St.

Ward

## 2. FULL NAME

Florence M. White

(a) Residence, No.

Stewartsville Mo

Ward.

Stewartsville

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

12

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

10

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

N Clinton White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 26-1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ..... hrs.

or ..... min.

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.

at Home

10. Date deceased last worked at this occupation (month and year)

Jan 1935

11. Total time (years)

spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Stewartsville Mo

FATHER

13. NAME

Newcomb Weyer

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mass.

MOTHER

15. MAIDEN NAME

Harnett Thayer

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Stewartsville Mo

17. INFORMANT

(ADDRESS)

N Clinton White

18. BURIAL, CREMATION, OR REMOVAL

Stewartsville Mo

PLACE

Amity Mo

19. UNDERTAKER

(ADDRESS)

Berry - Ryke funeral

20. FILED

7-28

1935

John R Bender

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from

July 16, 1935, to July 28, 1935

I last saw deceased alive on 7-28, 1935

Death is said

to have occurred on the date stated above, at 4:20 p.m.

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

Cholecystitis with

Cholelithiasis

93

Other contributory causes of importance

Myocardial Degeneration

Name of operation

Cholecystectomy

Date of 7-17-35

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

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)

(Address)

St Joseph, Mo

M. D.

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.

