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.

SEP 25 1935

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

Do not use this space.

23344

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 23344
Township Kaw — Primary Registration District No. 1002 — Registered No. 23202
City Kans City (No. 1019½ Indep Ave St. Ward)

2. FULL NAME Edna White
(a) Residence, No. 1019½ Indep Ave 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: cor
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1887
7. AGE: YEARS 48 — 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. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
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) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Theresa Shanks 1713 N 11th St St Louis Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Lawn DATE 8-16-1935
19. UNDERTAKER (ADDRESS) Sawyer Crisp & Irving 1119 E. 18th St
20. FILED Aug 16 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31/35, 19
22. I HEREBY CERTIFY, That I attended deceased from Sept 19, to ..., 19...
I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 10:05 P m.
The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Chronic Sclerosis Myocarditis
Date of onset
Other contributory causes of importance: 93 lb
Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy 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?
If so, specify
(Signed) ..., M. D.
(Address)

OCT 8 1954