NOV 28 1936

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

Do not use this space.

37494

1. PLACE OF DEATH

County Henry — Registration District No. 355 — File No.

Township Davis Twp — Primary Registration District No. 5497 — Registered No. 6

City Gadsden (No. , St. Ward)

2. FULL NAME Mary Louise White

(a) Residence, No. Gadsden Mo 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: 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 Walter White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-6-1858

7. AGE: YEARS 78 — MONTHS 3 — DAYS 22 — 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

FATHER

13. NAME James C Sisson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Hester Aultz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Walter White Gadsden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bear Creek DATE Oct 30 1936

19. UNDERTAKER (ADDRESS) Fred E Wilkinson Clinton Mo

20. FILED 11-10 1936 W E Baggerly MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Oct 28, 1936.
I last saw her alive on Oct 28, 1936. Death is said to have occurred on the date stated above, at 9:00 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic cardio-renal disease (uremia) May/36

Date of onset

Other contributory causes of importance: none

9582

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) S. B. Hughes, M. D.
(Address) Clinton, Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2 20M-2-19-36 I X7294