

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

Do not use this space.

1. PLACE OF DEATH

96
30
9
County.....
Township.....
City.....

FEB 8 1937

Registration District No.

791

Primary Registration District No.

1003

(No. **2589**, **MONTGOMERY ST.**)

File No. **3323**
Registered No. **351**
St. _____ Ward _____

2. FULL NAME ELEAN WHITE

(a) Residence, No. **2589 MONTGOMERY St.**, **20** Ward. **1**
(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 **FEM.** 4. COLOR OR RACE **COLO.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **ANDREW WHITE**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 1 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **None 262**
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) **Cape Girardeau Mo. 1**

MOTHER FATHER
13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown, 31**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 31**

17. INFORMANT **Samuel White**
(ADDRESS) **2589 MONTGOMERY ST**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **CALVARY CEM.** DATE **1-12-37, 19**

19. UNDERTAKER **EMMETT-TONEY CO.**
(ADDRESS) **3436 GANTON BLVD**

20. FILED **JAN 9 1937**
J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-7-37** : 19

22. I HEREBY CERTIFY, That I attended, deceased from **Jan 6 1937**, to **Jan 7th 1937**.
Last saw him alive on **Jan 7th 1937**. Death is said to have occurred on the date stated above, at **10:50 P.M.**

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

Labor **Pneumonia** **Heart Disease** **Valvular Incompetency**
Date of onset **Jan 5th**

Other contributory causes of importance:

Heart Disease **Valvular Incompetency**

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?.....
If so, specify.....

(Signed) **M. A. Grees**, M. D.
(Address) **2626 Glasgow Av**

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.

RECORD THIS IS A PERMANENT RECORD

