

448
JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township
City Lee's Summit, Mo.

Registration District No. 400
Primary Registration District No. 4235

File No. 23912
Registered No. 112
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 611 Miller 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
4999 June 6 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee's Summit, Mo.

13. NAME Phillip Edson Whiting

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stromberg, Mo.

15. MAIDEN NAME Erma Lu Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lane Jack, Mo.

17. INFORMANT (ADDRESS) Phillip Edson Whiting

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Lee's Summit DATE June 6 1937

19. UNDERTAKER (ADDRESS) Phillip E. Whiting 2 St. Mo.

20. FILED June 6 1937 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1937

22. I HEREBY CERTIFY That I attended deceased from June 6 1937, to June 6 1937. I last saw her alive on June 6 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Premature birth 4 1/2 months gestation
Other contributory causes of importance: 15
lifting causing uterine cramps

Name of operation none Date of _____
What test confirmed diagnosis? Physical 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 Ag Surgery _____, M. D.
(Signed) Ag Surgery
(Address) Lee's Summit, Mo

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.

