JAN 25 1938

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

Do not use this space.

File No. 47007

Registered No. 344

1. PLACE OF DEATH

County: Vernon

Registration District No. 875

Primary Registration District No. 3039

Township:

City: Nevada (No. ..... St. ..... Ward)

2. FULL NAME Ethel Davis White

(a) Residence, No. 719 W. Hunter 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. Denver White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14th 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Nevada, Mo.

FATHER

13. NAME James Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

17. INFORMANT (ADDRESS) Denver White

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton B. P. DATE Dec 23 1937

19. UNDERTAKER (ADDRESS) Eichinger Fun. Home

20. FILED Dec 23 1937 Allen V. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1937 to Dec 21 1937

I last saw her alive on Dec 21 1937. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

	Date of onset
R. Lower Lobe pneumonia	Dec 18 1937

Other contributory causes of importance:

None

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) [illegible] M. D.

(Address) Nevada 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.