

REC'D JUL 17 1939

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

Do not use this space.

1. PLACE OF DEATH

7 County Bates
Township West Boone
City Boone (No. 1)

Registration District No. 52
Primary Registration District No. 5080

File No. 21482
Registered No. 7
St. _____ Ward _____

2. FULL NAME Nellie White

(a) Residence, No. _____ 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 John Dorsey White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-19-1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 9 3

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

FATHER 13. NAME Marquis Quarles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT John Dorsey White
(ADDRESS) Adrian, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE At the Can. DATE June, 13, 1939

19. UNDERTAKER Atkinson Bros.
(ADDRESS) Archie, Mo.

20. FILED 6-12, 1939 Mrs. Will Tucker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1939, to June 12, 1939.
I last saw him alive on June 11, 1939. Death is said to have occurred on the date stated above, at 5:36 P.M.

The principal cause of death and related causes of importance, were as follows:
Pneumonia (Bar)

Other contributory causes of importance:
Chronic myocarditis due to presystolic heart failure, Dementia Paralytica

Name of operation: _____ Date of operation: _____
What test confirmed diagnosis: none Was there an autopsy: yes

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) E. E. Robinson, M. D.
(Address) Adrian Mo

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.

MAINTAIN RESERVED FOR PRINTING

RECEIVED
District Health Officer No. 7,
District File Number 7-29-1004
Date Filed 7-12-39