

JUL 11 1939

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

21695
Do not use this space.

1. PLACE OF DEATH

(a) County Kellaway ³ Registration District No. 104
(b) Township Fulton ¹ Primary Registration District No. 3008 Registered No. 164
(c) City Fulton (d) Street No. State Hospital #1 St. Fulton
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

DLULA VIRGINIA White
(a) Residence, No. Palmyra, MO. St. Mo. (If nonresident, give city or town and State)

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 Lee White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 30, 1868

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>71</u>	<u>1</u>	<u>3</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) D.K. 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARION County, MO.

13. NAME J. B. McClead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Palmyra, Mo. DATE June 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) See all details

20. FILED June 19, 1939 Q. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1939, to June 19, 1939
I last saw her alive on June 19, 1939 Death is said to have occurred on the date stated above, at 1:10 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Generalized Arteriosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Geo. F. Wood, M. D.

(Address) State Hospital #1 Fulton 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.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X10605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Harold J. Christey
Licensed Embalmer No. 4802
P. O. Address Putnam, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.