

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.

FILED MAR 1 - 1940

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

Do not use this space.

1. PLACE OF BIRTH  
County Mt. Vernon 2 Registration District No. 96-315  
Township 6th River 1 Primary Registration District No. 5687  
City Southwest City, Mo. 5687 St. \_\_\_\_\_ Ward)  
2. FULL NAME Lucy Ann White  
(a) Residence, No. McDonald Co. 6th River Top Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

7253

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Henry White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 8, 1857</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>1</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Stockton Mo.</u>		
MOTHER	13. NAME _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
	15. MAIDEN NAME _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
	17. INFORMANT <u>Laura M. Taylor</u> (ADDRESS) <u>South West City Mo</u>	
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Swatoga Cemetery</u> DATE <u>Jan 11 1938</u>	
	19. UNDERTAKER (ADDRESS) <u>Nichols Bros</u> <u>South West City Mo</u>	
20. FILED <u>1-15</u> 19 <u>38</u> <u>John J. Nichols</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1938 to Jan 10 1938  
I last saw her alive on Jan 8 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Bilateral Bronchopneumonia  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 131  
Senility  
Capillary Chr Nephritis

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) R. E. Karmach M. D.  
(Address) Southwest City, Mo.

JAN 27 1956