JAN 13 1941

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

Do not use this space.

42286

1. PLACE OF DEATH

County Crowford — Registration District No. 230 — File No. 18

Township Benton I — Primary Registration District No. 5312 — Registered No. 57

City [illegible], [illegible] (No. ..... , ... St. ..... Ward)

2. FULL NAME Mary White

(a) Residence, No. R. R. I Cuba, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16, 1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89	9	1	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Tenn. /

FATHER

13. NAME John Collins /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. /

MOTHER

15. MAIDEN NAME — Mays

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

17. INFORMANT (ADDRESS) Mrs, John Foust R. R. I Cuba, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St, James DATE 1/19/39 19

19. UNDERTAKER (ADDRESS) Elbert. E. Long Cuba, Mo 206

20. FILED Feb 3 1939 J. G. A. Herzog Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939, to Jan. 17, 1939

I last saw her alive on Jan. 16, 1939 Death is said to have occurred on the date stated above, at 7 a. m.

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

Broncho Pneumonia — Date of onset 1-2-39

Other contributory causes of importance: Senility

107

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? No.

If so, specify .....

(Signed) Gustavus G. A. Herzog M.D.

(Address) Cuba, 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.