

OCT 27 1927

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

Do not use this space.

26707

1. PLACE OF DEATH

County Carroll
Township Carrollton
City Carrollton

Registration District No. 135
Primary Registration District No. 3010

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME

Anna Martha 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 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-30-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 11 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carrollton
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Bud Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carroll Co.
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Winnie Marshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo

14. INFORMANT Winnie Marshall
(Address) Carrollton Mo

15. FILED 9-20 1927 ms. E E Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-18 1927

17. I HEREBY CERTIFY that I attended deceased from 9-5, 1927, to 9-18, 1927 that I last saw her alive on 9-18, 1927, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
Infection - Gramicid
145A
35 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) MI (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

18. DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Atwood, M. D.
9/20, 1927 (Address) Carrollton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL African Oak Hill DATE OF BURIAL 9-20 1927

20. UNDERTAKER Newton Standley ADDRESS Carrollton Mo

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.

