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

Do not use this space.

354

85

1. PLACE OF DEATH
County: Buchanan
Registration District No.
Primary Registration District No. 1001
File No.
Registered No. 115
Township
City: St Joseph (No. St. Ward)

2. FULL NAME: Ella M. White
(a) Residence. No. State Hosp # 2 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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF unknown, Edgar E White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May. 18. 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49.	8	8	

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

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY) Unknown

PARENTS
10. NAME OF FATHER James McNeely
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Alice Barker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ind.

14. INFORMANT: George,
(Address) State Hosp # 2

15. FILED JAN 28 1929 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929 to Jan 25, 1929 that I last saw h. alive on Jan 25, 1929 and that death occurred, on the date stated above, at 8 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mania, Exhaustion,

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) M H

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E.S. Berends, M. D
Jan. 26, 1929 (Address) State Hosp. # 2

*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: Lentner, Missouri.
DATE OF BURIAL: Jan. 27 1929

20. UNDERTAKER: H. O. Siebenfaden
ADDRESS: 1802 Union Str.

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.

WHEN FILLED, WITH SURRENDER, BECOMES A PERMANENT RECORD