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

Do not use this space.

6290

MAR 25 1929

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 25
Township — Primary Registration District No. 4227 — Registered No.
City West Plains Mo (No. ..... St. ..... Ward)

2. FULL NAME Harriett Pauline Waite
(a) Residence. No. ..... 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: Fe
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ollie F. Waite

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 7 - 1884

7. AGE: 44 YEARS — MONTHS: 6 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago Ill

PARENTS
10. NAME OF FATHER: Peter Matson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Sweden
12. MAIDEN NAME OF MOTHER: Emma Maria Nilsson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Sweden

14. INFORMANT (Address): Mrs K.L. Johnson West Plains Mo

15. FILED 2-25-29 O.P.A. Heinrichs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/19 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Febr. 17, 1926, to Feb 17, 1929 that I last saw her alive on Feb 15, 1929, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
① Chronic myocarditis
② Fatty degeneration of heart
93C
109A (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia
..... (duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

2-20-1929 (Signed) E. Claude Bohrer, M.D. (Address) West Plains, 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: Oak Lawn — DATE OF BURIAL: 2/21 - 1929

20. UNDERTAKER: McFarland's — ADDRESS: West Plains 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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