

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

Do not use this space.

40591

JAN 26 1934

55 PLACE OF DEATH
County Lawrence Registration District No. 1167
Township Aurora Primary Registration District No. 1280
1 City Aurora (No. Corner St Louis & Oak Ave St. _____ Ward) _____

4 2. FULL NAME Katy Flora White
(a) Residence, No. Cor. St Louis & Oak Ave. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George B White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6-1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 10 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Lawrence Co. Mo.

13. NAME George Ratekin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Anna Lee

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

17. INFORMANT George White
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora-Mo. DATE Dec. 31 1933

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED Dec. 29 1933 R. D. Bowen M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29 1933

22. I HEREBY CERTIFY that I attended deceased from Aug-1 1933 to Dec 29- 1933
I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:35 pm.
The principal cause of death and related causes of importance were as follows:

Malignant growth of sigmoid flexure of Colon
Other contributory causes of importance:
Tubercular fistula

Name of operation W.C. Sargent Date of _____
What test confirmed diagnosis? Physical exam

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 Home
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. G. Attner M. D.
(Address) Aurora 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.

2855
31
31

