

AUG 19 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Marion Registration District No. 544 File No. 23727  
Township Marion Primary Registration District No. 3079 Registered No. 212  
City Hannibal (No. City Jail) St. 3rd Ward

## 2. FULL NAME

Murrtle Osie White  
(a) Residence, No. Hannibal (Street address unknown) (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) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1886

7. AGE YEARS 49 MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.

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

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) Clayton, Ill.

13. NAME Jake E. Brady

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

15. MAIDEN NAME May Britt

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

17. INFORMANT Anna Wear (ADDRESS) Clayton, Ill.

18. BURIAL, CREMATION, OR REMOVAL Clayton, Ill.

PLACE Clayton DATE July 17, 1935

19. UNDERTAKER Ray P. Schwartz (ADDRESS) Hannibal, Mo.

20. FILED July 18, 1935 R. H. Schater Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Causes of death, unknown  
Died suddenly while  
intoxicated of following  
intoxication.

Other contributory causes of importance:

Chronic Alcoholism

Name of operation none Date of operation \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? Hannibal, Marion Co., Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Intoxicated - taken to jail

Nature of injury and died suddenly

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Carl E. Schwartz, M.D.

(Address) Hannibal, Mo.

Cowan, Marion Co., 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.

