

APR 16 1936

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

Do not use this space.

49997

1. PLACE OF DEATH

County Cass
Township Indest
City (No. 5218)

Registration District No. 154
Primary Registration District No. 4088

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

2. FULL NAME

(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 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M C White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 9 - 1864</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) <u>2 - 1936</u>
	11. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Indiana13. NAME Will Atkinson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown15. MAIDEN NAME Mary Houlpt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Indiana17. INFORMANT (ADDRESS)
M. C White's La Touche mo18. BURIAL, CREMATION, OR REMOVAL PLACE Garden City Mo DATE Feb 15 193619. UNDERTAKER (ADDRESS)
J. J. Hartley East Lynde mo20. FILED Feb 14 1936 Geo W Griffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1936, to Feb. 11, 1936I last saw him alive on Feb. 11, 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Acute dilation of heart.
Myocardial failure

Other contributory causes of importance:
old age

Name of operation _____ Date of _____

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? _____ 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.

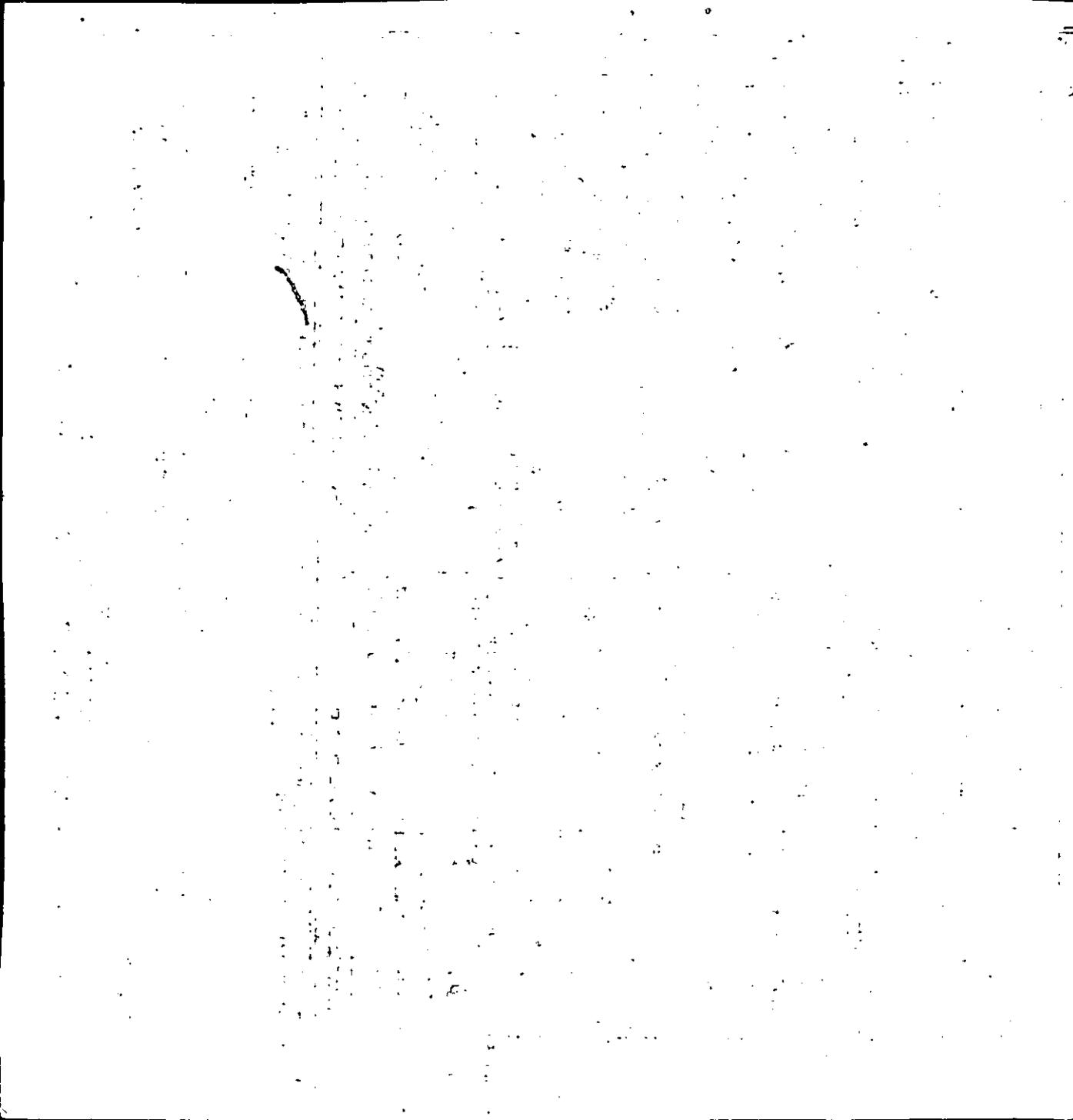
Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Emory D. Smith, M.D.(Address) Hartsville, Mo



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1. PLACE OF DEATH

County Cass
Township Index
City..... (No.....)

Registration District No. 154
Primary Registration District No. 5218

File No.....
Registered No.....
St..... Ward)

2. FULL NAME

Amanda 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(Write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>71</u>	<u>10</u>	<u>2</u>	

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED June 2, 1936 Geo Griffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

acute dilatation of heart
myocardial failure
Chor Myocarditis

Other contributory causes of importance:

mitral stenosis

Name of operation..... 92 a Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Emery J. Miller M. D.

(Address) Harrisville Mo.

SUPPLEMENT

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