

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

Do not use this space.

21 1936

34213

1. PLACE OF DEATH

County Green Registration District No. 322
Township Second Franklin Primary Registration District No. 5447A
City (No. 54476) Registered No. 80 St. _____ Ward _____

2. FULL NAME Edna Bell White

(a) Residence, No. R 2 Fair Brown 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 <u>Female</u> | 4. COLOR OR RACE <u>white</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>Albert White</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7, 1898</u> | | |
| 7. AGE YEARS <u>37</u> | MONTHS <u>11</u> | DAYS <u>15</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | 11. Total time (years) spent in this occupation |
| 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) | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926 to Sept 22, 1936

I last saw her alive on Sept 22, 1936 Death is said

to have occurred on the date stated above, at 7 P. M.

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

Cancer of Womb Date of onset

Other contributory causes of importance:

Name of operation none 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? No

If so, specify _____

(Signed) U. P. Kern M. D.

(Address) Springfield Mo

| | |
|--|--|
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u> |
| | 13. NAME <u>Oscar Smith</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
| | 15. MAIDEN NAME <u>Elizabeth Weatherman</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
| | 17. INFORMANT <u>Albert White</u> (ADDRESS) <u>Frank No. 4A</u> |
| FATHER | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prospect Cemetery Sept 24, 1936</u> |
| | 19. UNDERTAKER <u>J. B. Chaffin</u> (ADDRESS) <u>Frank MO</u> |
| 20. FILED <u>Sept 24, 1936</u> <u>Allan Barnes</u> Registrar. | |

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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