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

Do not use this space.

MAY 20 1937

1. PLACE OF DEATH

41 County Harrison — Registration District No. 338 — File No. 16440

Township Sugar Creek — Primary Registration District No. 5474 — Registered No.

City Mabaunt (No. , St. Ward)

2. FULL NAME Mary Elizabeth White

(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: Female
4. COLOR OR RACE: White
5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~: Single

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~: Never married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 - 1849

7. AGE: YEARS 87 — MONTHS 6 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper
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) March 1 - 37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Kentucky

FATHER

13. NAME Walter K. White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Kentucky

MOTHER

15. MAIDEN NAME Mary H. Potter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Kentucky

17. INFORMANT (ADDRESS) Mrs Ella Scott, Gilman City Mo R#2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mitchell County DATE March 8 - 1937

19. UNDERTAKER (ADDRESS) W D Haines, Gilman City Mo.

20. FILED 5/4, 1937 J. O. Orphanet, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to March 7, 1937

I last saw her alive on March 6, 1937. Death is said to have occurred on the date stated above, at 12 30 am

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

	Date of onset
Labor Pneumonia	5 1/2 yrs

Other contributory causes of importance: 108

Name of operation 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) W L Warren, M. D.

(Address) Gilman City Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.