REC'D APR 15 1938

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

Do not use this space.

12415

1. PLACE OF DEATH
County Washington
Township Concord
City ..... (No. ..... St. ..... Ward)

Registration District No. 886
Primary Registration District No. 6178

File No. .....
Registered No. .....

2. FULL NAME Lula May Whiteside 323

(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: Fem
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: Francis Whiteside

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12 - 1885

7. AGE: YEARS 52 | MONTHS 3 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Bismarck Mo. 0

FATHER
13. NAME: Wm Denton. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co Mo. 0

MOTHER
15. MAIDEN NAME: Georgia Henry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caledonia Mo.

17. INFORMANT (ADDRESS): Francis Whiteside Bismarck Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Grove Cem. Bismarck Mo. DATE April 4 1938

19. UNDERTAKER (ADDRESS): White & Sons Drouton Mo.

20. FILED 4-7 1938 J. P. Yonguin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April - 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 - 1935, to Apr - 3rd, 1938
I last saw her alive on Apr. 21 - 1938. Death is said to have occurred on the date stated above, at 12 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance: 8201

Hypertension

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) F. W. Gale, M. D.
809 (Address) Bismarck 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.

WRITE PLAINLY, WITH O... THIS ...

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