REC'D JUL 25 1938

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

23104
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard Registration District No. 836
(b) Township Liberty Primary Registration District No. 6098a Registered No. 37
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alline Whitehead 330
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1929
7. AGE YEARS 9 MONTHS 1 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as 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) Mo. 0

FATHER
13. NAME Allen Whitehead 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER
15. MAIDEN NAME Forrest Grayham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mother Bernie Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE June 10, 1938
19. FUNERAL DIRECTOR (ADDRESS) Sanders Funeral Home Campbell Mo
20. FILED June 10, 19 Florence Allen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from 6/9, 1938, to 6/9, 1938
I last saw her alive on 6/9, 1938. Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:
Concussion Brain
Date of onset
186 W
34
Other contributory causes of importance:
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/9, 1938
Where did injury occur? 6/9/38 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Blow on left side head
Nature of injury Fell from swing
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M H Good, M. D.
(Address) Bernie Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)