

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36754

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Lillian White

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

7/05/25-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

73

11

15

OCCUPATION

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

Bookkeeper

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)

Ohio

13. NAME

John White

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

Ohio

15. MAIDEN NAME

Mary Mallott

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

France

17. INFORMANT (ADDRESS)

Henry White

18. BURIAL, CREMATION, OR REMOVAL

Buried Cemetery

19. UNDERTAKER (ADDRESS)

Hillman & Friedmeyer

20. FILED

11-13 1935 H.R. Popejoy

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

11-10-1935

22. I HEREBY CERTIFY, That I attended deceased from

7-9-1934 to 11-10-1935

I last saw him alive on 11-9-1935 Death is said

to have occurred on the date stated above, at 6 P. M.

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

Paralysis from clot on the brain

Other contributory causes of importance:

Name of operation

Date of

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

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)

(Address)

H.R. Popejoy, M. D.
California Mo

