

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

Do not use this space.

17300

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 598

City St Joseph

(No. 9th Methodist Street)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Arthur Russell White

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

Clarksdale Mo

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

M

**4. COLOR OR RACE**

W

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

Single

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

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

April 21 1922

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

7

16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

At school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Clarksdale

(STATE OR COUNTRY)

Missouri

**10. NAME OF FATHER**

Arthur J Russell

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

De Kalb Co Mo

**12. MAIDEN NAME OF MOTHER**

Frances Brown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Facade Missouri

**14. INFORMANT**

Arthur J Russell

Address

Clarksdale Mo

FILED

8 1929

John L. Up

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 27 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from

May 6/29

\_\_\_\_\_ 19\_\_\_\_, to May 8 1929

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at 5:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Spinal meningitis (not contagious)

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

Clarksdale Mo

**19. DID AN OPERATION PRECEDE DEATH?**

NO DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?**

no

**WHAT TEST CONFIRMED DIAGNOSIS?**

Physical examination

(Signed)

99 Thompson, M. D.

May 8, 1929 (Address)

825 Charles

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Clarksdale Mo

May 9 1929

**20. UNDERTAKER**

**ADDRESS**

Heaton B. Tol of Bowman

St Joseph

By Bowman

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

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.

JUN 24 1929

MAY 8 1929

