

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

Do not use this space.

~~10786~~
40758

1. PLACE OF DEATH

69 County Monroe
4 Township
2 City Paris (No. _____)

Registration District No. 582
Primary Registration District No. 4344

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Rose White

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Rose White 1885

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 7 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 246

10. Date deceased last worked at this occupation (month and year) 12/9/32 11. Total time (years) spent in this occupation 6 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

13. NAME Joseph Milton White

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

15. MAIDEN NAME Ereton Anderson

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

17. INFORMANT Sam White (ADDRESS) Paris Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Dec 11 1932

19. UNDERTAKER Speed + Blakes (ADDRESS) Paris Mo

20. FILED 12/10 1932 R. C. Geyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1932

22. I HEREBY CERTIFY, that I attended deceased from Dec 1 1932 to Dec 10 1932

I last saw him alive on Dec 10 1932 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Died from an overdose of Barbitol self administered for nervousness Date of onset _____

Other contributory causes of importance: _____

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? no

If so, specify _____ (Signed) M. C. Mc Murry, M. D. (Address) Paris Mo.

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.

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every effort to obtain the following information indicated by check marks, lacking from the death certificate.

Name: Ruben Howard White
Who died at Paris, Mo. on Dec. 10, 1932.
(City) (County) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Died from an overdose of Barbitol self-administered for nervousness. Was not an habituate.

Other contributory causes of importance _____
Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

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