

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 385
 Township Fair Primary Registration District No. 142
 City H. C. Mo. (No. General Hosp.) St. Mo. Ward

File No. 16707
 Registered No. 2204

2. FULL NAME George White
 (a) Residence, No. 3812 Smart St., Ward.
 (Usual place of abode)
 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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 1878

7. AGE YEARS 54 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

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

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..... 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Ed White

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Julia White

18. BURIAL, CREMATION, OR REMOVAL PLACE H. Joseph Mo. DATE 5-24-33

19. UNDERTAKER (ADDRESS) J. P. Lewis

20. FILED May 23, 1933 W. M. Browne Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21/33, 1933

22. I, Spencer C. Crum, That I attended deceased from , 19, to , 19

I last saw him alive on , 19. Death is said to have occurred on the date stated above, at 7 m.

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

Gunshot wound of the abdomen
Perforation of duodenum

Other contributory causes of importance:

186

Name of operation Laparotomy Date 5/19/33

What test confirmed diagnosis Microscopy 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 5/19/33

Where did injury occur? body thru the top of the abdomen (Specify city or town, county, and State)

Specify whether injury occurred in the street, in home, or in public place. night watchman

Manner of injury struck by a bullet
 Nature of injury shot in abdomen

24. Was disease or injury not related to occupation of deceased? no
 If so, specify

(Signed) Spencer C. Crum
 (Address) H. C. Mo.

DEP-COR

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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