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.

NOV 10 1933

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

Do not use this space.

30485

1. PLACE OF DEATH
County Pemiscot
Township Virginia
City Steele Mo (No. ..... St. ..... Ward)

Registration District No. 655
Primary Registration District No. 5872

File No. .....
Registered No. .....

2. FULL NAME Lawrence Harvey White

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-29-1929

7. AGE YEARS 3 MONTHS 8 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Steele Mo

FATHER
13. NAME Milburn White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesboro Tenn

MOTHER
15. MAIDEN NAME Lucile Bingham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesboro Tenn

17. INFORMANT (ADDRESS) R. H. White Steele Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins DATE 9-22 1933

19. UNDERTAKER (ADDRESS) German Undt Co Steele Mo

20. FILED 10/1 1933 Max P. Kelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/21/33, 19..., to 9-21-33, 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

Drowned

183 183

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Exact Was there an autopsy? No

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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Steele Mo