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OCT 8 1934

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 548 — File No. 25506
Township — Primary Registration District No. 4223 — Registered No. 50
City Palmyra (No. ..... St. ..... Ward)

2. FULL NAME David White
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 17 - 1908
7. AGE: 26 YEARS, MONTHS: 1, DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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: All his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo Marion, Co

FATHER
13. NAME: W. D White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo Marion, Co

MOTHER
15. MAIDEN NAME: Bessie Begley White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo Marion Co

17. INFORMANT (ADDRESS): Henry L. White Palmyra, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Palmyra, Mo. DATE: 7/20/1934
19. UNDERTAKER (ADDRESS): J. C. Mead Palmyra, Mo.
20. FILED: 7-19-1934 Gertrude Lee Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1934
22. I HEREBY CERTIFY, That I attended deceased from 7:20 P.M. July 18, 1934, to July 18, 1934
I last saw him alive on July 18, 1934. Death is said to have occurred on the date stated above, at 7:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Intracranial fracture and hematoma - bilateral Fracture of vault and base of cranium	
2) Fracture of 2 cervical vertebra	
Other contributory causes of importance: None - no alcoholism	
210F	21
210M	

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray films Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury July 18, 1934
Where did injury occur? 10 miles east of Palmyra on rural road of 2d class. 7:15 P.M. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On public road
Manner of injury Fall on vertex of skull
Nature of injury Knocked of load of straw probably by wire or branch of tree across road
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Noxon Toomey, M. D.
(Address) Toomey Clinic, Palmyra 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.

V. S. No. 2

Distance of fall was estimated by witnesses to have been about twenty-two feet.

Radiographed at St. Elizabeth Hospital, Hannibal, Mo. at 7:45 P.M., thirty minutes after the accident, being conclusively dead five minutes later.

#2

Marion

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: David White

Who died at _____ on July 18 - 1934

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

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

Sex M Color or race W Single, ~~married, widowed or divorced~~: _____

Date of birth _____ Age: Years 26 Months 1 Days 1

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.

Intracranial fracture and hematoma - bilateral

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

Birthplace (State or country) Fracture of vault and base of

Birthplace of father (State or country) Cranium Fracture of 2nd

Birthplace of mother (State or country) Cervical vertebra

Principal cause of death: Fell from off top of Truck load of hay. Knocked off by wire (telephone wire) or branch of tree. Lehenbauer Bros., Motor Truck.

Other contributory causes of importance None - No alcoholism

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.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

X Signature of Registrar X Gertrude Lee Date filed 7-19-34.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

State Registrar

Reg. Dist. No. 548

Primary Reg. Dist. No. 4323

Special Agent.

525506