

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.

DEC 17 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35345

1. PLACE OF DEATH *Callaway*
 County Registration District No. *104*
 Township *Fulton* Primary Registration District No. *3008*
 City (No.) St. Ward

2. FULL NAME *Monroe White*
 (a) Residence, No. *807 State* St. Ward

(If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (if the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *— — 1847*

7. AGE YEARS *88* MONTHS *5* DAYS *—* If less than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*

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) *Missouri*

13. NAME *D.K.*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K.*

15. MAIDEN NAME *D.K.*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K.*

17. INFORMANT (ADDRESS) *Lewis White Fulton Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Callaway Co. Mo* DATE *Nov. 15-35*

19. UNDERTAKER (ADDRESS) *Eli Bell Fulton, Mo*

20. FILED *Nov 15 1935 R. M. Crews Registrar.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 13-35*

22. I HEREBY CERTIFY, That I attended deceased from *March 23rd 1935 to now*
 I last saw him alive on *Nov. 10th, 1935* Death is said to have occurred on the date stated above, at *9:40 a.m.*
 The principal cause of death and related causes of importance were as follows:
Carcinoma, pancreas, with diabetes. Date of onset *don't know.*

Other contributory causes of importance: *NO*
Amputated foot left. Mar. 1935

Name of operation *Foot amputation* Date of *3/23/35*
 What test confirmed diagnosis? *P. E. Lab* 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? *NO*
 If so, specify
 (Signed) *Greene D. White, M.D.*
 (Address) *Fulton Mo*

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, is the Director of the Federal Bureau of Investigation, United States Department of Justice.

Witness my hand and the seal of the Federal Bureau of Investigation, at Washington, D. C., this 15th day of August, 1945.

J. Edgar Hoover
 Director