

JUN 26 1936

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

Do not use this space.

20320

1. PLACE OF DEATH

County St. Louis Registration District No. 790  
Township Clayton Primary Registration District No. 6033  
City Clayton (No. St. Louis County Hospital St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 188

2. FULL NAME Rilma Lenore White

(a) Residence, No. 7626 Carswold St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (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

3. SEX female 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) 6/23/1917  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 10 15

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student  
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) Arkansas

FATHER  
13. NAME Hugh E. White

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

MOTHER  
15. MAIDEN NAME Bessie Swagerty

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

17. INFORMANT Hugh E. White  
(ADDRESS) Tulia Texas

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Tulia Texas DATE 5/11/36

19. UNDERTAKER Robert J. Ambruster  
(ADDRESS) 6633 Clayton Road

20. FILED 5/11 1936 D. J. Squarrelli  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/9/1936 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:30AM

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

Gunshot wound, 32 revolver, bullet entering left chest, piercing heart, and lung, lodging under skin to left of spine at the region of 8th rib.

Other contributory causes of importance:  
Internal hemorrhage and shock.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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 \_\_\_\_\_, 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 OVER  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_, M. D.  
(Signed) John B. ... 5/11/36

(Address) 3718 Jennings R.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

This happened at Central Ave and Bonhomme Ave.  
Clayton, taken to County hospital where she was  
pronounced dead.

Verdict of Jury: By a gunshot wound, whether  
self inflicted or accidental, cannot be determined,  
due to insufficient evidence.