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

Do not use this space.

NOV 16 1937

1. PLACE OF DEATH

County CAPE GIRARDEAU. Registration District No. 1281 File No. 37329

Township " " Primary Registration District No. 3009 Registered No. 315

City " " (No. ST FRANCIS HOSPITAL. St. Ward)

2. FULL NAME BLANCH A WHITE.

(a) Residence, No. 940 SO PACIFIC ST 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE.	WHITE.	MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY, 15, 1898.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
2D	39.	2,	16.	

OCCUPATION

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

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) GREEN VILLE MO.

FATHER

13. NAME WM PAYNE.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EAST TENN.

MOTHER

15. MAIDEN NAME MARRY A SAYLORS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WYNE CO MO.

17. INFORMANT (ADDRESS) CLAYBURN WHITE. CAPE GIRARDEAU MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE KENNETT CEMT. DATE OCT, 4, 1937.

19. UNDERTAKER (ADDRESS) HAMAN'S FUNERAL HOME. CAPE GIRARDEAU MO.

20. FILED 10-1 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT, 1th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1937, to 10/1, 1937

I last saw CR alive on 10/1, 1937. Death is said to have occurred on the date stated above, at 11:20 m AM.

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

	Date of onset
Goitre	
Hyperthyroidism	

Other contributory causes of importance:

66B

Name of operation Thyroidectomy Date of 9/30/37

What test confirmed diagnosis? Was there an autopsy?

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) Cape Girardeau Mo

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Exact statement of OCCUPATION is very important. Write in plain terms, so that it may be properly classified.