

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

REC'D JUN 17 1938

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18037

1. PLACE OF DEATH

County Clay
Township Swain River
City Clay Springs, Mo.

Registration District No. 198
Primary Registration District No. 3011

File No. 18037
Registered No. 63
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4 1/2 mi. north of Clay Springs Highway No. 69 Ward 300

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1938

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

22. I HEREBY CERTIFY, That attended deceased from Dec 15, 1937, to May 1, 1938
I last saw him alive on April 30, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1861

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 3 15

Coronary occlusion Date of onset about 4-1-38

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amherst Co. Virginia

Other contributory causes of importance: General Arterio sclerosis with 2 or 3 strokes of palsy since Dec 15-1937

13. NAME Henry Arthur White

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co. Virginia

15. MAIDEN NAME Eliza M. Gibson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs Jennie White (ADDRESS)

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE South Point DATE May 3, 1938

19. UNDERTAKER Robert Hope (ADDRESS) Clay Springs Mo

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

20. FILED May 3, 1938 Roussell M. Creech Registrar

(Signed) E. D. Craven, M. D.
(Address) Clay Springs, Mo

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

