REC'D JUN 17 1938

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

Do not use this space.

18401

1. PLACE OF DEATH
County Howard
Township Monteau
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 378
Primary Registration District No. 5531

File No. .....
Registered No. 27

2. FULL NAME Claude White 300
(a) Residence, No. New Franklin 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7/1866

7. AGE Years 72 Months 0 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Boone Co. Mo. 0

FATHER
13. NAME James H. White 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known. 0

MOTHER
15. MAIDEN NAME Mary Lynes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

17. INFORMANT (ADDRESS) Wm. White Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fayette DATE 5/17/38, 19

19. UNDERTAKER (ADDRESS) C. S. Dunson New Franklin Mo.

20. FILED June 2, 1938 V. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14/38, 19

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to May 14, 1938
I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 7:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary thrombosis	5-8-38
Other contributory causes of importance: 94B	
Uremia + Prostatism	1920

Name of operation Prost. resection Date of 4-12-38
What test confirmed diagnosis? E.K.G. 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) Wm. J. Shaw, M. D.
339 (Address) Fayette, Mo.

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.