

REC'D SEP 21 1938

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

28799  
 Do not use this space.

## 1. CAUSE OF DEATH

(a) County St. Louis Registration District No. 287  
 (b) Township Saban Clay Primary Registration District No. 5405 Registered No. 17  
 (c) City Hannoverville (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Will White St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Parale White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 3 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm  
 9. Industry or business in which work was done, as saw mill, bank, etc. labor  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Macon 1  
 (STATE OR COUNTRY) Georgia

FATHER 13. NAME Ben White 9

14. BIRTHPLACE (CITY OR TOWN) unknown 9  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

17. INFORMANT Mrs Parale White  
 (ADDRESS) Hannoverville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hannover Cemetery 8-9

19. FUNERAL DIRECTOR (NAME) Emerson Brown  
 (ADDRESS) Hannoverville, Mo.

20. FILED 116 19 38 E. H. Case  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8. 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6. 1938, to Aug. 8. 1938

I last saw him alive on Aug. 6. 1938 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:

cerebral hemorrhage 8-6-38  
8721

Other contributory causes of importance: Arterial Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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? no

and so, specify \_\_\_\_\_

(Signed) Jay. H. Bond M. D.

(Address) Hannoverville, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to sign with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**