SEP 13 1939

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

Do not use this space.

30468

File No.

Registered No. 11

**1. PLACE OF DEATH**

County Washington Registration District No. 886

Township Belgrade Primary Registration District No. 6183

City (No. , St. Ward)

**2. FULL NAME** Elvie Ray White

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 10 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*) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15- 1937

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 2 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Palmer Mo.

FATHER

13. NAME Clyde White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmer Mo.

MOTHER

15. MAIDEN NAME Zelma Conway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmer Mo.

17. INFORMANT Clyde White
(ADDRESS) Palmer Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmer Mo. DATE 7/26/39 , 19

19. UNDERTAKER J.B.Boyer & Son
(ADDRESS) Potosi Missouri.

20. FILED 9-7 1939 Ella White
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25/1939 , 19

22. I HEREBY CERTIFY, That I attended deceased from July 17 1939 to July 25 1939

I last saw him alive on July 25 1939. Death is said to have occurred on the date stated above, at 12P m.

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

| | Date of onset |
|---|---|
| Malaria & Typhoid | July 10 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Closed 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) G. G. Houston , M. D.

(Address) Belgrade Mo

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