MAY 2 1929

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

Do not use this space.

12058

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No.

Township St. Francois — Primary Registration District No. 6018A — Registered No. 47

City Near Farmington (No. ..... St. ..... Ward)

2. FULL NAME Dave White

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

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 Annie Kozlik

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 28, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	5	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 262

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

PARENTS

10. NAME OF FATHER W. M. White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Albany (STATE OR COUNTRY) Ind 2

12. MAIDEN NAME OF MOTHER Elizabeth Moss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Albany (STATE OR COUNTRY) Ind. 2

14. INFORMANT Hospital Records (Address) Farmington, Mo.

15. FILED 3-9-29 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 8 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-6, 1929, to Mch 8, 1929 that I last saw him alive on Mch 8, 1929, and that death occurred, on the date stated above, at 8 40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) P. S. Tate, M. D

3-9, 1929 (Address) Hosp #4 Farmington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Victoria Cem — DATE OF BURIAL: Mar 11 1929

20. UNDERTAKER: C. Barnhart — ADDRESS: E. Sol. 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.