

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

320-572

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

Do not use this space.

25027

1. PLACE OF DEATH

County Jefferson
Township Joachim
City Herculaneum (No.)

Registration District No. 431
Primary Registration District No. 5375

File No.
Registered No. 73
St. Ward)

2. FULL NAME William E. White

(a) Residence. No. St. Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Mrs A. White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mail Carrier
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington Co.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Eli. White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington Co. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Bone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT A. White
(Address) Herculaneum Mo.

15. FILED 7/3 1929 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929 to July 2, 1929 that I last saw him alive on July 2, 1929 and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac decompensation
131
25B
102 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension,
nephritis (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. A. O'Sullivan, M. D.

July 2, 1929 (Address) Herculaneum, 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 DATE OF BURIAL

Herculaneum Mo.

July 5 1929

20. UNDERTAKER

ADDRESS

Duester and Vinyard

Herculaneum Mo.

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