

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

K. 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.

APR 30 1930

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

Do not use this space.

9475

1. PLACE OF DEATH

County Madison  
Township Morganau  
City Madison (No. ....)

Registration District No. 539  
Primary Registration District No. 4320

File No. ....  
Registered No. 1 .....  
St. .... Ward)

2. FULL NAME

Robert 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Katie White 1862

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 9 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 9 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) State of Missouri

10. NAME OF FATHER

William White

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Sarah White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT E. Homan  
(Address) Morganau

15.

FILED 3/17 30 M Corr  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1930

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1930, to May 16, 1930, that I last saw him alive on May 14, 1930, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Interstitial Nephritis  
131 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

1290 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? (DATE OF .....

WAS THERE AN AUTOPSY? 14

WHAT TEST CONFIRMED DIAGNOSIS Microscopic & chemical exam  
(Signed) W. S. Langford, M.D.

(Address) Fredericktown

\*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

Calvary Cemetery, Fredericktown, Mo. 3/17 1930

20. UNDERTAKER

E. Homan ADDRESS Morganau Mo

