

MAY 27 1930

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

Do not use this space.

1183780

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Esch

Registration District No. 274
Primary Registration District No. 6018B

File No. 1183780
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William M. 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 M. 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 Alice J. White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 4 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Coal Merchant
(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) Madison Co. Mo.

10. NAME OF FATHER James J. White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia

12. MAIDEN NAME OF MOTHER Mamah Franz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia

14. INFORMANT Mrs. W. N. White (Address) Esch Mo.

15. Apr 30, 1930 W. J. Bryan REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 6 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 4 - 4 - 1930, to 4 - 6 - 1930, 1930 that I last saw h. lx alive on 4 - 6 - 1930, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dilatation & Hypertrophy of heart

9512 (duration) yrs. mos. da. 12.7.15

CONTRIBUTORY Infected Gall Bladder (SECONDARY) (duration) yrs. mos. da. 7

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? Microscopic
(Signed) C. L. Hyatt, M. D.
, 19 (Address) Flat River 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 Rushview Cemetery DATE OF BURIAL 4 - 8 1930

20. UNDERTAKER Raymond Caldwell ADDRESS Esch 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.

WRITE PLAINLY, WITH ONE-BINDING MACHINES TO A PERMANENT RECORD

