

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

Do not use this space.

23568

1. PLACE OF DEATH

County Marion
Township Round Grove
City Nelsonville (No.)

Registration District No. 551
Primary Registration District No. 5744

File No.
Registered No.
St. Ward)

2. FULL NAME

George L. White
(a) Residence. No. St., Ward.
(Usual place of abode) Nelsonville (If nonresident, give city or town and State)
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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Bachelor</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Batchelor single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 17 1868</u>		
7. AGE <u>61</u>	YEARS <u>90</u>	MONTHS <u>24</u>
	DAY	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession; or particular kind of work <u>Gardener</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Benton
(STATE OR COUNTRY) MO

PARENTS	10. NAME OF FATHER <u>Frank White</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Blackwood</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton</u>

14. INFORMANT Stephen White
(Address) Nelsonville Mo

15. FILED 7.14. 19 30 J.M. Crebs
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 19 30

17. I HEREBY CERTIFY, That I attended deceased from one visit
in December, 1929, to 19.....
that I last saw him alive on December, 1929, and that death occurred, on the date stated above, at 6-30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Delicate all his life. Poor digestion
Left arm & leg paralyzed 3 yrs ago.
For months suffered cramps in limbs.
Mind normal. Doctor'd himself, dieting.
(duration) 40 yrs. mos. ds.

CONTRIBUTORY 820
(SECONDARY) 270
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH WA

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J.M. Crebs, M. D.
7, 12, 19 30 (Address) Nelsonville

*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 <u>New Providence cemetery</u>	DATE OF BURIAL <u>July 13 19 30</u>
20. UNDERTAKER <u>Thommas Ball</u>	ADDRESS <u>Ewing</u>

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 important.

PROPERTY OF THE MISSOURI STATE BOARD OF HEALTH. THIS IS A PERMANENT RECORD.

AUG 20 1930

