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

Do not use this space.

23978

1. PLACE OF DEATH
County: Randolph
Township: ~~Moberly~~ Sugar Creek
City: Moberly (No. Woodland Hospital St. Ward)
Registration District No. 735
Primary Registration District No. 2934
File No.
Registered No. 377

2. FULL NAME: William 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
about	35	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Kansas City Bridge
(c) Name of employer: Co.

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

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: S. Vetter
(Address): Brunswick Mo

15. FILED 7/30 1930 Dr Thos. L. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 30 1930

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1930, to July 30, 1930, that I last saw him alive on July 30, 1930, and that death occurred, on the date stated above, at 2:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
187 - Accidental traumatism — Rope of pulley broke + struck man on head - Severe contusion and laceration of brain
194B (duration) yrs. mos. 17 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Brunswick, Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS
(Signed): R. D. Streeter, M. D.
July 30 1930 (Address): Moberly, 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: Blodgett Mo
DATE OF BURIAL: Aug 1 1930

20. UNDERTAKER: W. L. Vergil
ADDRESS: Brunswick

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.