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

Do not use this space.

32740 a

32740-a

JAN 19 1931

1. PLACE OF DEATH
County Howell
Township Howell
City Rover, Mo.
Registration District No. 3821
Primary Registration District No. 5535
File No. 100
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME Carl Emory 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)
Ma	Wht	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28-1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(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) Rover, Mo.

PARENTS
10. NAME OF FATHER E. A. White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Spencer, Ind.
12. MAIDEN NAME OF MOTHER Mary Swartz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Newton Ill

14. INFORMANT E. A. White
(Address) Rover Mo

15. FILED 11-7, 1930 O. P. A. Heinrich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/25 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-16, 1930, to 10-25, 1930 that I last saw him alive on 10-24, 1930 and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stenosis of pylorus
1570
158 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Malnutrition
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH no DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray
(Signed) E. Claude Bohrer, M. D.
11-3, 1930 (Address) West Plains, 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 Redburn
DATE OF BURIAL 10/26 1930

20. UNDERTAKER McFarlands
ADDRESS West Plains Mo

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.