

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

Do not use this space.

17760

1. PLACE OF DEATH

County Lewis
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 67
St. _____ Ward _____

2. FULL NAME

Charles 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16 1931

17. I HEREBY CERTIFY, That I attended deceased from 5-14 1931, to 5-16 1931, and that I last saw him alive on 5-14 1931, and that death occurred, on the date stated above, at 11 a.m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
935

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown 186

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 — — —

(duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) 930
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) unknown

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) H. H. Telford, M. D.

5-18 1931 (Address) Clinton 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.

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

(Address) George Grady
Clinton, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Clinton, Mo

DATE OF BURIAL

5-18 1931

15. FILED

5/18 1931 Dr E. C. Peelor
REGISTRAR

20. UNDERTAKER

St. H. Sims

ADDRESS

Clinton

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.

JUN 26 1931

