

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

Do not use this space.

40052

1. PLACE OF DEATH

County Wright
Township Salina
City Meyer (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 144 St. _____ Ward _____

2. FULL NAME

William W. White
(a) Residence No. 808 Jefferson St. first Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Never married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-5-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8- 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Caleb White

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

12. MAIDEN NAME OF MOTHER Julia Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Montgomery Co. Mo.

14. INFORMANT Mrs. Chas. W. Chapman
(Address) Meyer Mo.

15. FILED Dec 15th 1931 Gra S Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1931 to Dec 13th 1931 that I last saw him alive on Dec 13th 1931, and that death occurred, on the date stated above, at 8:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Pneumonia - A long
following influenza
plague W. Prostak
Employed Pros. (duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza 7 days
(duration) 13 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 13510
IF NOT AT PLACE OF DEATH 109K

DID AN OPERATION PRECEDE DEATH? no DATE OF refused
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) Paul E. Cook M. D.

*19 (Address) Meyer 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 Will Miller Co. Bur. DATE OF BURIAL 12-16-1931

20. UNDERTAKER H. A. Buecht & Son - Meyer Mo. ADDRESS

JAN 19 1932

PARENTS

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.

