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

Do not use this space.

85

7513

1. PLACE OF DEATH
County Buchanan Registration District No. File No.
Township Primary Registration District No. 1001 Registered No. 315
City St. Joseph (No. Railroad Tracks North of St. Joseph Mo. St. Ward)

2. FULL NAME Eugene Cleonadis White

(a) Residence, No. 724 Paris 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1875

7. AGE: Years 56 Months 10 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 279
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville Mo. Barry County. 1

FATHER

13. NAME Unknown 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 31

MOTHER

15. MAIDEN NAME Nellie Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri 1

17. INFORMANT Mrs. Nellie White
(ADDRESS) Kansas City Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE White DATE April 1, 1932

19. UNDERTAKER Fleeman Funeral Home Inc.
(ADDRESS) 1946 Calhoun St. Joseph Mo.

20. FILED APR 1 1932 John R. Blunk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26. 1932

22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull and internal injuries when supposedly struck by train near cut post near St Joseph Mo. while walking on track	
Other contributory causes of importance None	
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Name of operation None Date of
What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/26, 1932
Where did injury occur? St Joseph Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Struck by train
Nature of injury Internal Injuries

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. W. Tadesick-Coroner M.D.
(Address) 821 Francis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1932

Mrs.
LL 719
Root Paris
Avenue

Mrs. 1123½ No 5
Russel Root