

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

Do not use this space.

1. PLACE OF DEATH

14 County Ballouay Registration District No. 109 File No. 7597
 Township Bedar Primary Registration District No. 3-128 Registered No. 330
 City New Bloomfield (No. _____) St. _____ Ward _____

2. FULL NAME

Thomas Alfred 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22 - 1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>9</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wood land</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>113</u>	
	10. Date deceased last worked at this occupation (month and year) <u>3-25-1932</u>	
	11. Total time (years) spent in this occupation <u>4</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER FATHER	13. NAME <u>Betty George White</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Betty Garbin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Emma White</u> (ADDRESS) <u>New Bloomfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bloomfield</u> DATE <u>3/28</u> 19 <u>32</u>		
19. UNDERTAKER <u>Ray Holt</u> (ADDRESS) <u>New Bloomfield</u>		
20. FILED <u>4/10</u> 19 <u>32</u> <u>W. R. Holt</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1931, to Mar 27 1932
 I last saw him alive on Mar 27 1932 Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Perforated gastric ulcer
117A 117A
 Other contributory causes of importance:
(1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. R. Holt, M. D.
 (Address) New Bloomfield 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.

APR 25 1932

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