

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

Do not use this space.

1. PLACE OF DEATH

97 County Saline Registration District No. 801
 9 Township _____ Primary Registration District No. 4480
 9 City Sweet Springs (No. _____) St. _____ Ward _____

File No. 11207
 Registered No. _____

2. FULL NAME Adams White
 (a) Residence, No. maud St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** Colord **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jocie White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6th 1856

7. AGE YEARS 76 MONTHS 1 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store
10. Date deceased last worked at this occupation (month and year) 3-18-1932 **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Welson, Mo

13. NAME Andrew White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia

15. MAIDEN NAME Elmira (unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia

17. INFORMANT (ADDRESS) Edward White 3633 Travis Ave Chicago

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Salt Pond _____

19. UNDERTAKER (ADDRESS) Jesse Harvey Sweet Springs Mo

20. FILED 3-27-32 A. H. Ringen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932 to March 20, 1932
 I last saw him alive on March 19, 1932. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:
Shock and probably a fracture at the base of the skull caused by having been beaten 1750

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Homicide Date of injury 3-18, 1932
 Where did injury occur? Sweet Springs, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. H. Ringen M. D.
 (Address) Sweet Springs, Mo

Approved to Delot, J. P.

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 30 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Saline

Registration District No. 801

Township Sweet Springs

Primary Registration District No. 4480

City Sweet Springs (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

Adam 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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) M

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Pond DATE 3-22 1932

19. UNDERTAKER (ADDRESS)

20. FILED 3-27 1932 A. H. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1932

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on

to have occurred on the day stated above, at

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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?

If so, specify

(Signed) , M. D.

(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S STATEMENT OF OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-1120M