

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.

MAY 24 1932

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

Do not use this space.

12142  
~~13142~~

1. PLACE OF DEATH

35 County Dunklin  
Township Cotton Hill  
City                      (No                      St.                      Ward                     )

Registration District No. 289  
Primary Registration District No. 5407

File No.                     

Registered No.                     

2. FULL NAME Carl Edward White

(a) Residence, No.                      St.                      Ward                     

(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)                      ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
9 11 13

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) talarton mo.

13. NAME H. J. White

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

15. MAIDEN NAME Lou Alma Harris

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

17. INFORMANT H. J. White (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanfield DATE 5-1 1932

19. UNDERTAKER H. L. Craig (ADDRESS)                     

20. FILED 4/30 1932 Homer Beal (mo.) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15 1932, to April 30 1932

I last saw him alive on April 30 1932. Death is said to have occurred on the date stated above, at 1:35 p.m.

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

mitral stenosis Date of onset 1 yr.

921A 57B 921A

Other contributory causes of importance: Rheumatism (1) 2 yrs

Name of operation none 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? no Date of injury none 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) John Van Cleave M. D.  
(Address)

