

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

Do not use this space.

16730

1. PLACE OF DEATH

61 County Macon Registration District No. 530
Township Walnut Primary Registration District No. 570
City Elmer (No. _____) St. _____ Ward _____

2. FULL NAME

William D. 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 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 Armeda White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1907

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
24 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer at about 11:30

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmer, Missouri

FATHER 13. NAME Ralph D. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co., Missouri

MOTHER 15. MAIDEN NAME Adah Banning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmer, Missouri

17. INFORMANT (ADDRESS) Ralph D. White

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmer DATE May 20, 1932

19. UNDERTAKER (ADDRESS) W. M. Callow

20. FILE NO. 5-20, 1932 Elmer, Missouri Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932 to May 19, 1932

I last saw him alive on never, 19____. Death is said to have occurred on the date stated above, at 10:5 A.M.

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

By accident being hit by Santa Fe freight engine, while chasing Santa Fe tracks on truck, on Missouri Ave. 2016 Elmer Mo.

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis: Chy. Exam 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 May 18, 1932

Where did injury occur? Elmer Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place struck by freight engine

Nature of injury Crushed head

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify was delivering

(Signed) W. M. Callow (Address) Callow Mo.

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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