

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

Do not use this space.

1. PLACE OF DEATH
85 County Pulaski Registration District No. 7101
Township Union Primary Registration District No. 500
City Union (No. _____) St. _____ Ward _____

2. FULL NAME Nathan Whites
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Louise Duragan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 2 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Earning
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 40
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James Mo
13. NAME Nathan Whites 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Maryann Perry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Frank Whites
Union Mo
18. BURIAL, CREMATION, OR REMOVAL Typical cemetery DATE 12/6 32
19. UNDERTAKER (ADDRESS) C. L. Lissen
Union Mo
20. FILED 13-4, 19 32 C. L. Lissen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932, to Dec 3, 1932
I last saw him alive on Dec 3, 1932 Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis
Date of onset _____
Other contributory causes of importance:
chronic cystitis and enlarged prostate
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 _____, 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?
If so, specify _____
(Signed) J. J. Lehen M. D.
(Address) Union Mo

