

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

Do not use this space.

1. PLACE OF DEATH

County *St. Francois*
Township *St. Francois*
City (No.) St. Ward

Registration District No. *773*
Primary Registration District No. *6018A*

File No. *41333*
Registered No. *132*

2. FULL NAME

Glenn Edwin White
(a) Residence, No. *Route 1 Farmington St.* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. / How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>✓</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 28 32</i>		
7. AGE	YEARS	MONTHS
		8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>none</i>		
10. Date deceased last worked at this occupation (month and year) <i>never</i>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Farmington R1 - 1</i>		
13. NAME <i>Earl White</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Madison Co</i>		
15. MAIDEN NAME <i>Marie Allen</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Francois Co</i>		
17. INFORMANT <i>Earl White</i> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Libertyville</i> DATE <i>12-6-32</i>		
19. UNDERTAKER <i>Acident Undert Co</i> (ADDRESS)		
20. FILED <i>12-6-1932</i> <i>T B Robinson</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 6th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 28* 19*32* to *Dec 5* 19*32*

I last saw *him* alive on *Dec 5* 19*32* Death is said to have occurred on the date stated above, at *2:50 p.m.*

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

Pneumonia Bact & Me.
Septicemia
Nonatonia

Other contributory causes of importance: *157* *0*

Name of operation *Cremat* Date of *12-6-32*

What test confirmed diagnosis *Cremat* 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?.....
If so, specify *Occupation*

(Signed) *R. P. Robinson* M. D.
(Address) *Farmington 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.

THIS IS A PERMANENT RECORD

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