

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.

JUN 22 1933

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

Do not use this space.

12839

1. PLACE OF DEATH

32 County Dekalb Registration District No. 259  
Township Sherman Primary Registration District No. 3361  
City Amity (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Hiram R? 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary White  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th 1869  
7. AGE YEARS 70 MONTHS 1 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Dekalb Co. (STATE OR COUNTRY) Mo.

13. NAME John A. White

14. BIRTHPLACE (CITY OR TOWN) Green Co. (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Meliss

16. BIRTHPLACE (CITY OR TOWN) Green Co. (STATE OR COUNTRY) Ky.

17. INFORMANT Hiram White Jr. (ADDRESS) Amity Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Amity DATE 4. 6th 33.

19. UNDERTAKER U. G. Pilcher (ADDRESS) Maysville Mo

20. FILED Apr. 5 1933 J. P. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4th 1933

22. I HEREBY CERTIFY, That I attended deceased from February 25th, 1933, to April 4th, 1933  
I last saw him alive on April 1st, 1933. Death is said to have occurred on the date stated above, at 3:19 a.m.  
The principal cause of death and related causes of importance were as follows:

Myocardial heart trouble  
920  
920  
Other contributory causes of importance:  
hypertension and  
kidney complications

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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) John H. Brown, M. D.  
(Address) Maysville Mo

