

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

Do not use this space.

37151

1. PLACE OF DEATH

County Marion
Township Mason
City Hannibal (No. Leveing Hospital)

Registration District No. 547
Priority Registration District No. 3079

File No. _____
Registered No. 325 St. _____ Ward)

2. FULL NAME

Reginald Eugene White
(a) Residence, No. 712 Birch St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 10th. 1913</u>		
7. AGE YEARS <u>20</u>	MONTHS <u>9</u>	DAYS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>		
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) Spokane
(STATE OR COUNTRY) Washington

13. NAME W. S. White

14. BIRTHPLACE (CITY OR TOWN) no
(STATE OR COUNTRY)

15. MAIDEN NAME Martha Zieger

16. BIRTHPLACE (CITY OR TOWN) no
(STATE OR COUNTRY)

17. INFORMANT Mr. W. S. White
(ADDRESS) 712 Birch St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bur. Soc. Mo DATE 11/14/33

19. UNDERTAKER Jaynes O'Connell
(ADDRESS) Hannibal Mo

20. FILED Nov 14 1933 R. W. Webster
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1933, to Nov 12, 1933
I last saw h. alive on Nov 11, 1933 Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:

Fractured 5th cervical vertebra Date of onset

194 B
Other contributory causes of importance 194 B 301

Name of operation none Date of _____
What test confirmed diagnosis? X-Ray Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Nov 12, 1933
Where did injury occur? Marion City
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Football field Marion City
Manner of injury Playing foot ball
Nature of injury broken neck

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. L. Shanks, M. D.
(Address) Hannibal 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.

JAN 4 1934

DEPARTMENT RECORD

