

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.

JAN 28 1934
 110
 PLACE OF DEATH
 County Washington
 Township Superior
 City (No) Washington

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

Do not use this space.

Registration District No. 880-
 Primary Registration District No. 6183

File No. 38935
 Registered No. 57
 St. _____ Ward)

2. FULL NAME

Chas Andrew 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 11 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnetown Mo

10. NAME OF FATHER Squella White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Rebecca Manlan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Bellfield (Address) Leadwood Mo

15. FILED Dec 19 1933 Mrs J. M. Knox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 1933

17. I HEREBY CERTIFY, That I attended deceased from June 1933 to Nov 24 1933 that I last saw him alive on Nov 2 1933, and that death occurred, on the date stated above, at 3 Pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac
Metral Insufficiency
92A (duration) 16 mos. ds.

CONTRIBUTORY (SECONDARY) QWA (duration) _____ mos. ds.

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. E. Leubach M. D. 11/24 1933 (Address) Leadwood Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunlight DATE OF BURIAL 11/26 1933

20. UNBERTAKER Boyer- ADDRESS Leadwood

