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.

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

Do not use this space.

41170

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1. PLACE OF DEATH
County St. Francois — Registration District No. 773 — File No.
Township St. Francois — Primary Registration District No. 6018A — Registered No. 149
~~Near City Farmington, Mo.~~ (No. ..... St. ..... Ward)

2. FULL NAME Josiah Milton White

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Jessie White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6, 1858

7. AGE: Years 75 — Months 8 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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) (STATE OR COUNTRY): Fredericktown, Mo.

FATHER
13. NAME: William Brown Morrow White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tresden, Tenn.

MOTHER
15. MAIDEN NAME: Sallie Kelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison County Mo.

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown, Mo. DATE 12-6-1933

19. UNDERTAKER (ADDRESS): Webb Undertaking Company Fredericktown, Mo.

20. FILED 12-6-1933 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-4-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. -2-, 1933, to 12-4-, 1933
I last saw him alive on 12-4-, 1933. Death is said to have occurred on the date stated above, at 5.50 pm
The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis
Complicated by
Terminal Bronchopneumonia

131
127A
57B

Other contributory causes of importance:
Chronic Arthritis
Chronic Nephritis

Date of onset

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy? Yes 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) G. Nevis Graves Jr. M. D.
(Address) St. Hosp. 4 Farmington, Mo.