

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Randolph
Township.....
City Moberly (N.....)

Registration District No. 785
Primary Registration District No. 3034

File No. 6155
Registered No. 26
St. Ward)

2. FULL NAME

Thomas L 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 33 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-30-1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,
<u>33</u>	<u>5</u>	<u>16</u>	<u>16</u>	hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe worker
(b) General nature of industry, business, or establishment in which employed (or employer) Brown Shoe Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Randolph Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm White

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Wm Brown
(Address) Moberly Mo.

15. FILED 2/19 1934 Virginia Walker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16 1934

17. I HEREBY CERTIFY, That I attended deceased from Feb 14 1934, to Feb 16 1934, that I last saw him alive on Feb 16 1934, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

abscess prostate & oedema of surrounding tissue

137 (duration) 0 yrs. 7 mos. 7 ds.

CONTRIBUTORY untreated (SECONDARY)

137 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) W. L. McCormick, M. D.

, 19 (Address) Moberly 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 Oakland Cemetery DATE OF BURIAL 2-19 1934

20. UNDERTAKER Brown Gravestone Removal Co. ADDRESS Moberly 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.

