

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.

SEP 17 1934

**1. PLACE OF DEATH**

County Pemscot Registration District No. 654  
Township Holland Primary Registration District No. 6281  
City (No. ) (No. ) St. Ward)

File No. 13758-a  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Rufus White Sr. Ward. Holland mo.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Lucille White  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-20-1907  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 26 8 20

OCCUPATION 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. Same  
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) Ark.

FATHER 13. NAME Rufus White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Victoria Shaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Rufus White

18. BURIAL, CREMATION, OR REMOVAL PLACE Plot Shaw DATE 4-11-1934

19. UNDERTAKER (ADDRESS) Cobb Undertaking Co., Inc.

20. FILED 9-11-1934 Tom Bigone Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows: \_\_\_\_\_ Date of onset \_\_\_\_\_

Suicide by shooting self in throat with #12 gauge shot gun.

Other contributory causes of importance: \_\_\_\_\_

Self inflicted  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 4-10-1934

Where did injury occur? his home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot in throat  
Nature of injury shot in throat face & head

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) J. W. Rhodes, M.D.  
(Address) Hayti

