

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
 Township _____ Primary Registration District No. 3001
 City Kirksville (No. Laughlin) _____ St. _____ Ward _____

File No. 15599
 Registered No. 92

2. FULL NAME

Donald White
 (a) Residence, No. _____ St. _____ Ward Brookfield, Mo.
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-20-1900

7. AGE YEARS 13 MONTHS 11 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Student
 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) Bucklin, Mo.

FATHER 13. NAME John White
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton

MOTHER 15. MAIDEN NAME Rose Stanfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macomb, Mo.

17. INFORMANT (ADDRESS) John White Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE 5/13/34

19. UNDERTAKER (ADDRESS) B. N. Hill Brookfield, Mo.

20. FILED May 11 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 10 1934 to May 11 1934
 I last saw him alive on May 11 1934 Death is said to have occurred on the date stated above, at 6:20 m.

The principal cause of death and related causes of importance were as follows:
2 years of small intestine due to intubation

Other contributory causes of importance: 1934
12 3/4 hours
Reveler

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 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.
 Nature of injury _____

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

(Signed) Geo M Laughlin M. D.
 (Address) Kirksville, 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.

JUN 20 1934

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THE UNIVERSITY OF CHICAGO

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