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.

JUN 22 1934

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

Do not use this space.

16514

1. PLACE OF DEATH
County Howard, Registration District No. 378
Township ..... Primary Registration District No. 4222
City Fayette, (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 36

2. FULL NAME Joseph Cooper 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mar

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/5/1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	II	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboror.
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) Missouri

FATHER
13. NAME Tom White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Minnie Cooper.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Cooper White, (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary DATE 5/9/34, 19

19. UNDERTAKER Guy T. Halley. (ADDRESS) Fayette, Mo.

20. FILED May 16, 1934 V. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7/34, 19

22. I HEREBY CERTIFY, That I attended deceased from H-28, 1934, to 5-7, 1934

I last saw him alive on 5-7, 1934. Death is said to have occurred on the date stated above, at 5:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	5-6-34

Other contributory causes of importance:
Acute appendicitis (Perforation)

Name of operation Enterostomy Date of 5-7-34
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? ..... 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? No
If so, specify .....
(Signed) W. E. Bloomer, M. D.
(Address) Fayette Mo.