

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

Do not use this space.

**1. PLACE OF DEATH**

County Scott  
Township Commercial  
City (No. ....) (St. .... Ward)

Registration District No. 817  
Primary Registration District No. 6066

File No. 22842  
Registered No. 45

**2. FULL NAME**

Wesley 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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 8 8

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.

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) Sikeston Mo.

FATHER 13. NAME Harke White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER 15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Augusta White  
(ADDRESS) Commercial Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery DATE June 24 1934

19. UNDERTAKER Walther Brothers  
(ADDRESS) Cape Girardeau Mo

20. FILED June 20 1934 H. T. Blackledge  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1934

22. I HEREBY CERTIFY That I attended deceased from March 6 1934 to June 19 1934  
I last saw him alive on June 15 1934 Death is said to have occurred on the date stated above, at 3:45 a.m.

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

Bright's disease Date of onset

Other contributory causes of importance:

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? ..... 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.

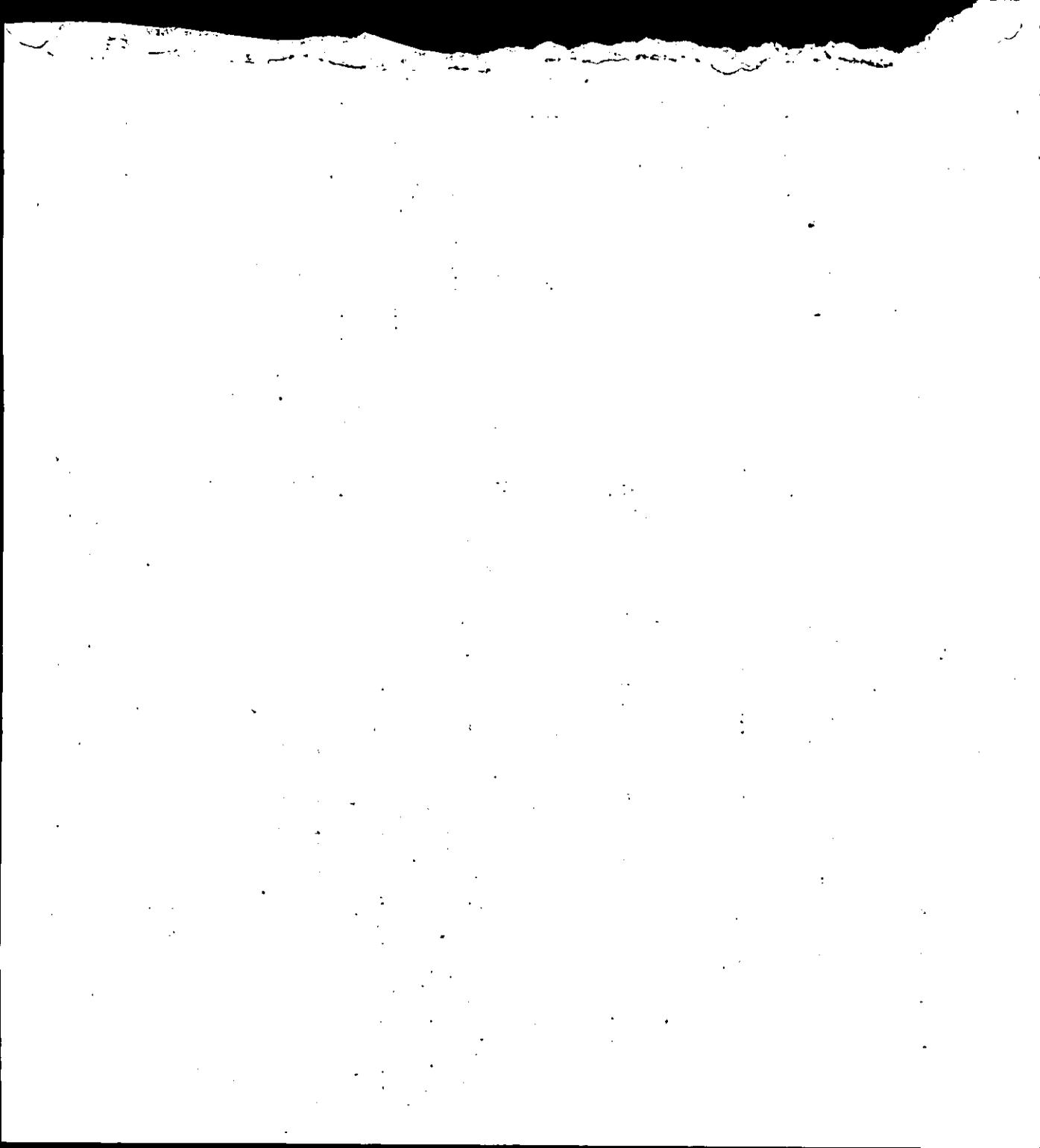
If so, specify.

(Signed) H. T. Blackledge, M. D.

(Address) Commercial Mo.

N. B. CAUSE OF DEATH IS VERY IMPORTANT.

JUL 2 1934



#2 Scott.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

WASHINGTON

45 -

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Wesley White

Who died at \_\_\_\_\_ on June - 20 - 1934

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex M Color or race Col. ~~Single, married, widowed or divorced~~

Date of birth \_\_\_\_\_ Age: Years 74 Months 8 Days 8

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Bright's Disease (Chronic)

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician H. J. Blackledge

Address of physician Commerce Mo.

Signature of Registrar H. J. Blackledge Commerce Mo.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 817

Primary Reg. Dist. No. 6066

E. T. McGaugh, M. D.  
Special Agent.

Every item of information should be carefully supplied. AGES should be stated in plain terms, so that it may be properly classified. Example of OCCUPATION

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