NOV 13 1934

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

Do not use this space.

File No. 35126
Registered No. 145

1. PLACE OF DEATH
County Audrain
Township
City Mexico, Mo (No. Audrain Hospital St. Ward)

Registration District No. 26
Primary Registration District No. 3002

2. FULL NAME Samuel White

(a) Residence, No. Montgomery City Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

4 4 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1863

7. AGE: Years 71 Months 5 Days 19 If LESS than 1 day, ...hrs. or ....min.

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME William White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER
15. MAIDEN NAME Julia Ann Hampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs Lillie White
(ADDRESS) Montgomery City Mo

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Montgomery City Mo DATE Oct ~~17~~ 18, 1934

19. UNDERTAKER J.A. Marlow
(ADDRESS) Montgomery City, Mo.

20. FILED 10-17-1934 Blanche Reeb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-4-1934, to 10-17-1934
I last saw him alive on 10-16-1934. Death is said to have occurred on the date stated above, at 6:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Nephritis	
95B	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Clinical 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) J. Frank Talley, M. D.
(Address) Mexico, Mo.