

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.

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

Do not use this space.

DEC 1 1 1934

1. PLACE OF DEATH

County Audrain Co Registration District No. 912  
Township Cumbe Primary Registration District No. 6232R  
City (No. ....) St. .... Ward)

File No. 38425  
Registered No. 39

2. FULL NAME Edward Collison 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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/6/34 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 20<sup>th</sup> 1933 to Nov 10<sup>th</sup> 1934  
I last saw him alive on Nov 6<sup>th</sup> 1934 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 th 1862

to have occurred on the date stated above, at 5:30 pm  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 II

Chronic Interstitial Nephritis

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.

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineola Missouri

13. NAME Edward White

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

15. MAIDEN NAME Mary Crane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineola Mo

17. INFORMANT G. W. White (ADDRESS) Middletown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE II/8/34 1934

19. UNDERTAKER C. W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED Nov. 7 1934 Mollie Supro Registrar.

Name of operation. Date of. What test confirmed diagnosis? Chronic 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.

Manner of injury. Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify. (Signed) A. French M. D. (Address) Middletown, Mo

