

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

Do not use this space.

DEC 19 1934

40279

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3002

City Sedalia

(No.)

St.

Ward)

2. FULL NAME Eugene Paul White

(a) Residence, No. 1218 E. 13th 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.

How long in U. S., if of foreign birth? yrs. mos.

da.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

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

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

November 2 1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

3

0

5

OCCUPATION

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

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

Clarke White

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

Missouri

MOTHER

15. MAIDEN NAME

Ella Schlobohm

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

Mo

17. INFORMANT (ADDRESS)

Clarke White

Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Florence Mo

DATE Nov. 9

1934

19. UNDERTAKER (ADDRESS)

Gillespie Funeral Home

Sedalia, Mo

20. FILED

11-9

1934

James Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 24, 1934, to Nov 7, 1934

I last saw him alive on Nov 7, 1934. Death is said

to have occurred on the date stated above, at 6:30 P. m.

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

acute bronch pneumonia
locking ribbing cough

Date of onset Oct 24
1934

Other contributory causes of importance

Name of operation none Date of none

What test confirmed diagnosis chest 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) James Slack, M. D.

(Address) Sedalia, Mo

