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.

WHITE PAPER, WITH CARBONS, MISSOURI IS A CHARITY RECORD

14
2
7

FEB 20 1935

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

Do not use this space.

File No. 379
Registered No. 11

1. PLACE OF DEATH
County Calloway
Registration District No. 104
Township
Primary Registration District No. 3008
City Fulton (No. , St. Ward)

2. FULL NAME Reuben White
(a) Residence, No. State Hospital 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. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1876

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	19	

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

FATHER
13. NAME Henry White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

MOTHER
15. MAIDEN NAME Dk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

17. INFORMANT (ADDRESS) Records St. Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia, Mo. DATE Dk, 1935

19. UNDERTAKER (ADDRESS) J. O. Roberts Columbia Mo

20. FILED Jan 15, 1935 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1934, to 1-14, 1935
I last saw him alive on 1-13, 1934 Death is said to have occurred on the date stated above, at 6 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy 1-14-35	6 30 AM
(Cerebral Hemorrhage).	
24	

Other contributory causes of importance:

Meningo Vascular Syphilis	Dk.

Name of operation Date of
What test confirmed diagnosis? ✓ 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) R. B. Bridgeman, M. D.
(Address) Fulton, Mo.