

FEB 26 1935

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 460
Township Franklin Primary Registration District No. 05623
City Franklin St. _____ Ward) _____

File No. 5879

Registered No. _____

2. FULL NAME

Harmon Lee 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Hodge Mo

13. NAME Harmon L. White

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

15. MAIDEN NAME Bessie May Angborn

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

17. INFORMANT Harmon L. White (ADDRESS) Hodge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Mo DATE _____ 19 _____

19. UNDERTAKER Charles F. Ziegler (ADDRESS) Franklin Mo

20. FILED _____ 19 _____ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1935, to Feb 6 1935

I last saw him alive on Feb 5 1935 Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Erysipelas Date of onset 2-3-35

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? _____

If so, specify _____

(Signed) Geo A. Kelling, M. D.

(Address) Waverly Mo

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.

54

1
2

1

15

2011