

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

Do not use this space.

30437

OCT 28 1935

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township

Primary Registration District No. 3034

City

Moberly

(No. 511)

No. Ault

File No.

Registered No. 153

St.

Ward)

2. FULL NAME

(a) Residence, No. 511 No Ault

St.,

Ward.

(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

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

Susie White

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

Nov 8th 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

71

10

12

OCCUPATION

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

Rural mail carrier

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)

Ill

FATHER

13. NAME

John H White

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

Mo.

MOTHER

15. MAIDEN NAME

Susanne Fair

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

Mo.

17. INFORMANT (ADDRESS)

Mrs Susie White Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Moberly

DATE

9-22nd 1935

19. UNDERTAKER (ADDRESS)

Mobean and Son Moberly Mo

20. FILED

9/22, 1935

Cirgenia A. Cherish Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 20th 1935

22. HEREBY CERTIFY, That I attended deceased from

June 10, 1935 to Sept 20, 1935

I last saw him alive on Sept 17, 1935

Death is said to have occurred on the date stated above, at 5:45 P. M.

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

Apoplexy,

8201

Other contributory causes of importance:

Arteriosclerosis

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

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)

O. D. Ash

M. D.

(Address) Moberly 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.

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

Do not use this space.

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CERTIFICATE OF DEATH**

1. PLACE OF DEATH

County

Randolph

Registration District No.

795

Township

Primary Registration District No.

3034

City

Moberly

(No. 511 No. Ault

File No.

Registered No.

153

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

J. Williams H. White

St.

Ward.

(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**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

Susie White

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

Nov. 8 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

10

12

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

Rural mail carrier

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)**

Ill.

13. NAME

John H. White

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

Md.

15. MAIDEN NAME

Suzanne Lave

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

Md.

17. INFORMANT

(ADDRESS)

Mrs. Susie White
Moberly, Mo.**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

Moberly

DATE

9-22

1935

19. UNDERTAKER

(ADDRESS)

Walton & Son
Moberly, Mo.**20. FILED**

9/22

1935

Virginia Walker
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

Sept. 20 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 10 1935, Sept. 20 1935

last saw him alive on Sept. 20 1935. Death is said

to have occurred on the date stated above, at 5:45 p.m.

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

Date of onset

Apoplexy

Other contributory causes of importance:

Atherosclerosis

Name of operation

None

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?

Where did injury occur? _____ Date of injury _____, 19____

(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. J. Ish
Moberly, Mo.

M. D.

(Address)

Moberly, 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.

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