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.

NOV 20 1935

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

Do not use this space.

32191

File No.

Registered No.

1. PLACE OF DEATH

County Clay — Registration District No. 198

Township Fishing River — Primary Registration District No. 3011

City Excelsior Springs, Mo. (Vets. Adm. Facility) 3011 St. 3d Ward)

2. FULL NAME WHITE, Ralph Wiley

(a) Residence, No. VAF, Excelsior Springs, Mo. St. Ward. College Mound, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	32	5	16	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) College Mound, Mo.

FATHER

13. NAME William S. White (deceased)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) College Mound, Mo.

MOTHER

15. MAIDEN NAME Georgia Leathers (deceased)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) College Mound, Mo.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE College Mound, Mo. DATE 10-1-35, 19

19. UNDERTAKER (ADDRESS) Stevens & Gooding Undertakers Macon, Mo.
John C. Prather, Undertaker
Excelsior Springs, Mo.

20. FILED Oct 1, 1935
Mrs. Rea McCrae Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1934, 19, to Oct. 1, 1935, 19

I last saw him alive on Oct. 1, 1935, 19 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

	Date of onset
Tuberculosis, pul. chr. act. far advanced	?

Other contributory causes of importance:

Name of operation none Date of --

What test confirmed diagnosis? Exam & Obs 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? --

If so, specify --

(Signed) H. C. HARDEGREE, MD, Clinical Director, M.D.

(Address) Veterans Administration Facility
Excelsior Springs, Mo.