

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.

JUN 27 1936

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

Do not use this space.

18836

1. PLACE OF DEATH
County Cass Registration District No. 157
Township _____ Primary Registration District No. 4091
City Pleasant Hill (No. _____) St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME Aba 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 29, 1868</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>4</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>		11. Total time (years) spent in this occupation <u>45 yrs</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenville Tenn.</u>		
13. NAME <u>Joseph White</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Katherine Price</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT <u>Claude White</u> (ADDRESS) <u>Pleasant Hill, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belton, Mo.</u> DATE <u>May 28, 1936</u>		
19. UNDERTAKER <u>E. K. George & Sons</u> (ADDRESS) <u>Belton, Mo.</u>		
20. FILED <u>May 27, 1936</u> <u>Mrs. Etta M. Aldridge</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1935, to May 26, 1936
I last saw him alive on May 24, 1936. Death is said to have occurred on the date stated above, at 4 A. M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach cardia end

Other contributory causes of importance: none.

Name of operation _____ Date of _____
What test confirmed diagnosis? Labatory 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) L. V. Murray, M. D.
(Address) Pleasant Hill, Mo.

