

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

Do not use this space.

44061

JAN 4 8 1937

1. PLACE OF DEATH

County Cass Registration District No. 151
Township Ogedwater Primary Registration District No. 4085
City Dredel (No. _____) St. _____ Ward _____

2. FULL NAME

Isaac Dennis 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-13-1857

7. AGE YEARS 84 MONTHS 1 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

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

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) Hardy Co. Va.

13. NAME John W. White

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

15. MAIDEN NAME Mary E. Dixon

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

17. INFORMANT (ADDRESS) Grace White Dredel Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockville Cem DATE 12-13, 1936

19. UNDERTAKER (ADDRESS) J. B. Hays Dredel Mo.

20. FILED 12-17, 1936 John S. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1936, to Dec. 11, 1936

I last saw him alive on Dec 11, 1936 Death is said to have occurred on the date stated above, at 5:07 p.m.

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

Carcinoma of Colon

Date of onset 2 yrs.

Other contributory causes of importance: Intestinal obstruction

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (accident, suicide, or homicide), 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) Benjamin F. ..., M. D. (Address) ...

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.

