WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

FEB 8 1937 791

Do not use this space.

1. PLACE OF DEATH

96 County ..... Registration District No. ..... File No. 3375

30 Township ..... Primary Registration District No. 1003 Registered No. 407

9 City St. Louis, Mo. (No. City Hospital No. 2, St. ..... Ward)

2. FULL NAME Leroy White

(a) Residence, No. 3349 Market Street St., 21 Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10, 1891

7. AGE: YEARS ~~44~~ 45 | MONTHS 8 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil 262

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

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): Ark. 2

FATHER

13. NAME: Wesley White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala. 2

MOTHER

15. MAIDEN NAME: Nancy Swope

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark. 2

17. INFORMANT (ADDRESS): Ruby Perdeau, 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE January 11, 1937

19. UNDERTAKER (ADDRESS): English Und. Co. 2931 Lucas

20. FILED JAN 11 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-29-, 1936 to 1-2-, 1937

I last saw him alive on 1-2-, 1937. Death is said to have occurred on the date stated above, at 10:40 A. M.

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

	Date of onset
Adhesive Pericarditis	12-29-36

90

Other contributory causes of importance: ---------

Name of operation ..... 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? .....

If so, specify .....

(Signed) J. Owen Blache, M. D.

(Address) 2945 Lawton

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