

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township Montgomery
City Montgomery (No. _____)

Registration District No. 592
Primary Registration District No. 5790

File No. 12720
Registered No. 6
St. _____ Ward _____

2. FULL NAME Richard White

(a) Residence, No. Montgomery City St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 71 yrs. 6 mos. 24 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August-26-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 6 24

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

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

10. Date deceased last worked at this occupation (month and year) April 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Montgomery City Mo.

13. NAME William White

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

15. MAIDEN NAME Julia Ann Hopkins

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

17. INFORMANT Nelly Jones (ADDRESS) Montgomery City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cemetery DATE March 23, 1936

19. UNDERTAKER A. E. Henderson Jr. (ADDRESS) New Florence Mo.

20. FILED March 22, 1937 Oswell Menefee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1936 to Mar 21, 1937

I last saw him alive on Mar 20, 1937 Death is said to have occurred on the date stated above, at 3 P. m.

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

Acute Myocarditis
Carcinoma of prostate
(primary) Metastases to
Pt. Spleen & Pt. pelvis

Date of onset 3-21-37

Other contributory causes of importance: S

Name of operation None Date of _____

What test confirmed diagnosis Clinical & Lab. 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) James O. Helm, M. D.
(Address) New Florence Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

