

APR 26 1937

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

Do not use this space.

13151

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File No.

Registered No.

1. PLACE OF DEATH

County Ray Registration District No. 740
Township Crooked Run Primary Registration District No. 5915
City Harden (No.) St. Ward

2. FULL NAME

Zesbury Taylor White
(a) Residence No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 27

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

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

10. Date deceased last worked at this occupation (month and year) Sept 1-1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co

13. NAME Joseph White

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

15. MAIDEN NAME Nancy Miller

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

17. INFORMANT (ADDRESS) Mrs J. M. Bryan Harden

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Hill DATE Mar 20 1937

19. UNDERTAKER (ADDRESS) Geo W. Krupachta Harden

20. FILED Mar 10 1937 R. T. Whiteford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1936 to Mar 8 1937

I last saw him alive on Mar 8 1937 Death is said

to have occurred on the date stated above, at 3:30 P. M.

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

Hypostatic pneumonia Date of onset Mar 6

Other contributory causes of importance:

Apoplexy

Name of operation Date of

What test confirmed diagnosis? Clinical 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 3

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. E. J. Rexair

(Address) Richmond, Mo

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.

