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.

46 JUL 28 1937

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

Do not use this space.

3 1. PLACE OF DEATH
County Howell
Township
City West Plains, (No. , St. Ward)

Registration District No. 384
Primary Registration District No. 4227

File No. 23858
Registered No.

2. FULL NAME William Henry Garrett White

(a) Residence, No. 1015 Arkansas St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pernie M. Townsend

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 8, 1867

7. AGE: YEARS 69 MONTHS 10 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Office
10. Date deceased last worked at this occupation (month and year): Dec. 1936
11. Total time (years) spent in this occupation: 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Smyrna, Tenn.

FATHER
13. NAME: Richard White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Smyrna, Tenn.

MOTHER
15. MAIDEN NAME: Nannie James
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville, Tenn.

17. INFORMANT (ADDRESS): Mrs. Pernie T. White. West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Oak Lawn Cem.
PLACE West Plains, Mo. DATE June 13, 1937

19. UNDERTAKER (ADDRESS): Hal Thornburgh West Plains, Mo.

20. FILED 6-13, 1937 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to June 10, 1937
I last saw him alive on June 4, 1937. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

Hemiplegia, left
Cerebral Thrombosis

Date of onset

Other contributory causes of importance:
Chronic Arteriosclerosis, general

Name of operation Date of
What test confirmed diagnosis? Exam 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) E. C. Bohrer, M. D.
(Address) West Plains, Mo.