

SEP 21 1937

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

Do not use this space.

31295

1. PLACE OF DEATH

County Morgan
Township Florence
City Florence (No.)

Registration District No. 601
Primary Registration District No. 2796

File No.
Registered No. 8 (Ward)

2. FULL NAME George Washington 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Aug 15 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14, 1856

I last saw him alive on Aug 1 1937. Death is said to have occurred on the date stated above, at 10 A.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 5 1

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

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

Arteriosclerosis
Only arteriosclerosis
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.

MOTHER FATHER 13. NAME Seth White

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

MOTHER 15. MAIDEN NAME Sophia Neitzitt

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

17. INFORMANT (ADDRESS) Oscar White
Florence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Florence Cem. DATE Aug. 16 1937

19. UNDERTAKER (ADDRESS) C. R. Rapp
Stover, Mo.

20. FILED Aug 18 1937 Mrs. Arthur Schroder
Registrar.

Name of operation Septicemia Date of Mo
What test confirmed diagnosis Septicemia 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 Septicemia
Nature of injury Septicemia

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Septicemia
(Signed) Arthur Schroder, M. D.
(Address) Stover, Mo

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.

