

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**

Do not use this space.

37303

1. PLACE OF DEATH

County Calloway
Township
City Fulton, Mo (No.)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 2574
St. Ward)

2. FULL NAME

Reuben White
(a) Residence, No. Marshall, Mo St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OK

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 9 2 1974 OK

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) OK
11. Total time (years) spent in this occupation OK

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

13. NAME David White

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

15. MAIDEN NAME Elenore White

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

17. INFORMANT (ADDRESS) State Hosp. Records Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL Ang Tom's Board Oct. 27, 1937

19. UNDERTAKER (ADDRESS) J. D. Roberts Columbia Mo

20. FILED Oct 27, 1937 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to Oct 24, 1937.
Last saw him alive on Oct 24, 1937. Death is said to have occurred on the date stated above, at 4:55 a.m.

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

1) Chronic myocarditis and myocardial degeneration Date of onset 1915

Other contributory causes of importance: 34
2) Senility A/C
3) Generalized arterio-sclerosis B/C
4) Syphilis 1915

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) F. A. Barnett / M. D.
(Address) Fulton, Mo.

