

NOV 18 1937

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

Do not use this space.

37793

1. PLACE OF DEATH

County Howard
Township Chanton
City Glasgow (No. _____)

Registration District No. 379
Primary Registration District No. 4223
5579

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lionell White

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Black

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)

July 30, 1903

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

34230

OCCUPATION

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

Farming (Farm Hand)

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) Oct. 193511. Total time (years) spent in this occupation 15 yrs.

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

Chanton County Mo.

13. NAME

Richard White

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

Chanton County Mo.

15. MAIDEN NAME

Jane Ferguson

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

Chanton County Mo.

17. INFORMANT (ADDRESS)

Hester, White Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE West Green Mo. DATE Oct. 23, 1937

19. UNDERTAKER (ADDRESS)

Helen + Freeman Glasgow Mo.

20. FILED

Oct 22 1937 J. W. Boyover, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1936 to October 20, 1937
I last saw him alive on October 15, 1937. Death is saidto have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:Ch. Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance:

Tuberculous enteritis
Tuberculous kidneyName of operation _____ Date of _____
What test confirmed diagnosis? Chiacab Was there an autopsy? No23. 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) Carl C. Keger, M. D.
(Address) Glasgow 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.

