

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Waseca
Township Brush Creek
City (No.)

Registration District No. 305Primary Registration District No. 5423

File No.

Registered No. 12

10694

St. Ward)

2. FULL NAME Michael White 305

(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 yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rena White</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11 - 1850</u>				
7. AGE	YEARS <u>88</u>	MONTHS <u>0</u>	DAYS <u>8</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Retired Farmer</u>
	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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 513. NAME Richard White 514. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 515. MAIDEN NAME Anna Dunn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Gamer White R#118. BURIAL, CREMATION, OR REMOVAL
PLACE Old Catholic Cemetery DATE 3 - 22 - 193819. UNDERTAKER (ADDRESS) W.F. Gattens Wenonville, Mo20. FILED 3-23 1938 J. J. Ferrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar: 19, 193822. I HEREBY CERTIFY, That I attended deceased from 3-9 1938, to 3-19 1938I last saw ~~him~~ alive on 3-9 1938. Death is said to have occurred on the date stated above, at 12:10 A.M.

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

Date of onset

Emphysema
Chronic Bronchitis
10694

Name of operation

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? 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?

If so, specify

(Signed) J. J. Ferrell M. D.(Address) Wenonville, 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.

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