

JUL 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22636 198

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia(No. 200 N. Ohio)File No. 152-180Registered No. 668St. 300 Ward 300

2. FULL NAME

(a) Residence, No. 200 N. Ohio St. 300 Ward 300

(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.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Cal

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

X

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

X

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

6-3-1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

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

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 0

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

Sedalia Mo

FATHER

13. NAME

Henry W. White

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

Reynolds

MOTHER

15. MAIDEN NAME

Elizabeth Phinney

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

Brighton

17. INFORMANT (ADDRESS)

Henry W. White
200 N. Ohio

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sedalia MoDATE 6-3-1938

19. UNDERTAKER (ADDRESS)

F. D. Ferguson
117 E. Jefferson

20. FILED

6-3-1938James Black
Registrar

MEDICAL CERTIFICATE OF DEATH

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

6/31938

22. I HEREBY CERTIFY, That I attended deceased from

6/31938, to6/31938I last saw him alive on 6/3, 1938. Death is saidto have occurred on the date stated above, at 3:00 m.

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

Stroke

Date of onset

Other contributory causes of importance:

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? 1938

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)

H. W. Ferguson, M. D.

608 (Address)

James Black

Registrar

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.

