

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

Do not use this space.

NOV 7 5 1938

33186

**1. PLACE OF DEATH**

County St. Francois Registration District No. 772  
 Township St. Francois Primary Registration District No. 4463  
 City Evans (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

**2. FULL NAME** Eugene White

(a) Residence, No. Blosser MO 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. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, to Sept 8, 1938  
 I last saw him alive on Sept 8, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1918

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
19 10 24

Typhoid fever Date of onset \_\_\_\_\_

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in school

10. Date deceased last worked at this occupation (month and year) Aug 1938 11. Total time (years) spent in this occupation 13

Other contributory causes of importance:  
none

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

13. NAME Herbert White

Name of operation none Date of \_\_\_\_\_

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

What test confirmed diagnosis? none Was there an autopsy? No

15. MAIDEN NAME Florence Woods

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois MO

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Herbert White (ADDRESS) Evans MO

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Evans MO DATE 9-10-38

Nature of injury \_\_\_\_\_

19. UNDERTAKER Calderwell Bros (ADDRESS) Evans MO

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED 9/22, 1938 O. B. Barron Registrar.

If so, specify \_\_\_\_\_ (Signed) C. H. Ashberry M. D.

(Address) Flax River MO

ORDER OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

H. N. Vaughn  
RR #3 Jempton

Mrs. J. M. Vaughn  
189 1/2 N. 10th St.