

DEC 13 1938

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

Do not use this space.

40255

1. PLACE OF DEATH

County St. Genevieve 2 Registration District No. 780
Township St. Genevieve | Primary Registration District No. 6025
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 52
St. _____ Ward _____

2. FULL NAME

300 Stillborn 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 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1938, to Nov. 23, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1938

I last saw her alive on _____, 1938 Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

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

Still born Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? NO

13. NAME Herbert White

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

14. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Missouri

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

15. MAIDEN NAME Genevieve Madison

16. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Missouri

17. INFORMANT Herbert White (ADDRESS) St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve DATE Nov 24 1938

19. UNDERTAKER Geo. S. Baker (ADDRESS) St. Genevieve Mo

20. FILED Nov 23, 1938 T. W. Douglas Registrar.

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____ (Signed) Arthur S. Sawyer, M. D.
(Address) St. Genevieve 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.

WHITE CERTIFICATE, WITH OBTAINING INDENTICES IS A PERMANENT RECORD

1 X 2314

