

REC'D FEB 11 1939

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

Do not use this space.

2466

1. PLACE OF DEATH

County Holt

Registration District No. 2

Township Lincoln

Primary Registration District No. 368

City Corning

(No. 1)

4214

File No.

Registered No.

St.

Ward)

2. FULL NAME *360* Thomas James 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 *56* yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

~~(OR) WIFE OF~~

Sarah M. White

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

Nov. 4, 1842.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

96

1

29

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Burling-
ton Employee9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Water Man

10. Date deceased last worked at
this occupation (month and
year)

1-1-1916

11. Total time (years)
spent in this
occupation

56

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)London,
England

13. NAME

William Mark White

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

Eng.

15. MAIDEN NAME Sarah Derwin

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

Eng.

17. INFORMANT
(ADDRESS)Mrs. Pearl Smirl
Little Rock, Ark

18. BURIAL, CREMATION, OR REBURY

PLACE

Corning Mo

DATE

1-6-

1939

19. UNDERTAKER
(ADDRESS)

Schooler Bros Corning Mo

20. FILED

1-20-1939 Mrs. Susie Swan
Registrar

MEDICAL CERTIFICATE OF DEATH

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

1-3-39 .19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19.

I last saw h. alive on , 19. Death is said

to have occurred on the date stated above, at *9 PM* m.

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

Date of onset

*Did not see case**until death**from history of**case probably**Heart-Block.*

Other contributory causes of importance:

200W

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

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) *Queen Hunter* M. D.(Address) *Farmington Mo.*

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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.

