

REC'D JUN 22 1939

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

19270

Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 582
 (b) Township Jackson Primary Registration District No. 5779
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 John F. White.

(a) Residence, No. Paris, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Laura White.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Monroe County, Missouri. (STATE OR COUNTRY)

FATHER 13. NAME Madison White.

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

MOTHER 15. MAIDEN NAME Nancy White.

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

17. INFORMANT Laura White (ADDRESS) Perry Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lick Creek. DATE 5/23 1939

19. FUNERAL DIRECTOR (NAME) Jay & Wilbey (ADDRESS) Perry, Missouri.

20. FILED 5-24 1939 F. A. Barnett, M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23, 1939.

22. I HEREBY CERTIFY, That I attended deceased from May 1 1939, to May 23 1939
 I last saw deceased on May 23 1939 Death is said to have occurred on the date stated above, at 6:30 a. m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 5/23/39
94 yr

Other contributory causes of importance: Arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

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? no
 If so, specify _____ (Signed) F. A. Barnett, M. D.

(Address) 910

RECEIVED

District Health Officer No. 10

District File Number 16-38-105

Date Filed JUN 13 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Clyde C Wilkey, or by

Registered Apprentice No., working under my personal supervision.

Signed Clyde C. Wilkey

Licensed Embalmer No. 3828

P. O. Address Perry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.