

JUN 8 1939

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

19407
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot Registration District No. 608
(b) Township..... Primary Registration District No. 4792
(c) City Steele (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. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sam White
(a) Residence, No. St. Hattiesburg, Miss.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 8 17

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

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

FATHER
13. NAME Soloman White

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

MOTHER
15. MAIDEN NAME Julia Sims

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

17. INFORMANT (ADDRESS) Lillian V. Hayman Steele, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hattiesburg, Miss DATE May 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) German Undt. Co. Steele, Mo.

20. FILED 5/27 1939 L. J. Thomas Local Registrar. 587

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1939
22. I HEREBY CERTIFY, That I attended ^{last} deceased from May 21 1939 to May 25 1939
I last saw him alive on May 25 1939. Death is said to have occurred on the date stated above, at 11:14 P. M.
The principal cause of death and related causes of importance were as follows:

Acute Gastro-enteritis
Date of onset 5/19/39
Other contributory causes of importance: none

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..... 1939
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) J. P. Vickrey, M. D.
Steele, 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.

JAN 26 1945

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.