

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

Do not use this space.

21254

1. PLACE OF DEATH

County Montgomery
Township Springfield
City Wellsville (No. _____)

Registration District No. 595
Primary Registration District No. 4383
5991

File No. 14
Registered No. 384
St. _____ Ward _____

2. FULL NAME

William S. White

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Emma May White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 19 - 1860</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>1</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Farmer</u>		
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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co.</u>		
13. NAME <u>M. B. White</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Mo.</u>		
15. MAIDEN NAME <u>Virginia Layson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. L. D. Parkey Middletown Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White Cemetery Montgomery Co.</u> DATE <u>June 20, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>F. W. Kuhne Wellsville Mo.</u>		
20. FILED <u>June 20, 1934 Mrs. H. K. McDermod</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1934

22. I HEREBY CERTIFY That I attended deceased from June 19, 1934 to June 18, 1934
I last saw him alive on June 18, 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Uraemia Date of onset June 15-34
Pyelitis June 1-34
1934
1934

Other contributory causes of importance:
Uterine Sclerosis 7 yrs
Hemiplegia Nov. 1933
Chronic Int. Nephritis 3 yrs

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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 _____, 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) A. G. Mansond M. D.
(Address) Wellsville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 13 1934

