

SEP 25 1930

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

Do not use this space.

✓ 27278

1. PLACE OF DEATH

County Madison
Township Carter
City (No.)

Registration District No. 500
Primary Registration District No. 5724

File No.
Registered No.
St. Ward

2. FULL NAME Gideon Faylor 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 | 6 | 17 | 0 hrs. 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ..
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Madison Co., Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ga.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maria Fassy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) S. C.
(STATE OR COUNTRY)

14. INFORMANT Wm White
(Address) Fredensktown Mo.

15. Aug 31 1930 E H D auto
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1930, to Aug 31 1930 that I last saw him alive on Aug 27 1930 and that death occurred, on the date stated above, at his ..

THE CAUSE OF DEATH* WAS AS FOLLOWS:
beverly 1/2 at disease

CONTRIBUTORY (SECONDARY) 900
(duration) .. yrs. .. mos. .. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ..

DID AN OPERATION PRECEDE DEATH? .. DATE OF ..
WAS THERE AN AUTOPSY? ..

WHAT TEST CONFIRMED DIAGNOSIS? ..
(Signed) .. M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nigdon, Mo. DATE OF BURIAL Sept 1 1930

20. UNDERTAKER Ed. H. Webb, Fredensktown Mo.
ADDRESS

SECRET

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison Registration District No. 538 File No.
Township Caston Primary Registration District No. 3-726 Registered No.
City (No.) St. Ward)

2. FULL NAME

Gideon Faylon White

(a) Residence No. St. Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILE NO. 921-30 REGISTRAR C. V. Dant

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1930

17. I HEREBY CERTIFY That I attended deceased from 19....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. V. Dant, M. D. , 19 (Address) 7th & Chestnut

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

WRITTEN BY LAW

FOR CERTIFICATES

REGISTRARS SHALL N

SUPPLEMENTARY

5-22278