

1 PLACE OF DEATH

CERTIFICATE OF DEATH

No. None

County DeKalb Registration District No. 349 File No. 65516

Township Willbros Primary Registration District No. 2624 Registered No. 50

or Village Willbros No. _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its Name instead of street and number)

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.

2 FULL NAME Jacob White Did Deceased Serve in U. S. Navy or Army _____

(a) Residence. (No.) 11 West St. _____ Ward _____ NOV 1943
(Usual place of abode) (If nonresident give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR White 5. SINGLE, MARRIED, Write the word Widowed or Divorced Married

21. DATE OF DEATH (month, day, and year) 4-22, 1943

5a. If Married, Widowed, or Divorced Husband of (or) Wife of Margaret White

22. I HEREBY CERTIFY, That I attended deceased from April 1943 to April 1943 I last saw him alive on April 1943 death is said to have occurred on the date stated above at _____ m.

6. DATE OF BIRTH (month, day, and year) 1-3-84

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of importance were as follows: Coronary Arteriosclerosis Date of onset _____

7. AGE (years) Months Days If LESS than 1 day hrs. or min. 59 | 3 | 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Finisher

9. Industry or business in which work was done, in silk mill, saw mill, bank, etc. Manufacture

10. Date deceased last worked at this occupation (month and year) 1942 11. Total time (years) spent in this occupation 35

CONTRIBUTORY CAUSES of importance not related to principal cause: Portly Stenosis

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Jacob White

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT The Signature of Bessie White and (Address) Willbros

18. BURIAL, CREMATION, OR REMOVAL Place Willbros Date 4-24 1943

19. FUNERAL HOME Willbros

19a. BURIED BY Willbros No. 1757 Address Willbros

19b. EMBALMER Willbros No. 2750

20. FILED 615 1943 Registrar. Willbros

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

19. 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? _____

If so, specify _____ (Signed) J. White M. D.
Date 4/22 1943 Address Willbros

OCCUPATION

Father

Mother