

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

Do not use this space.

15934

1. PLACE OF DEATH

County Bettis
Township La Monte
City La Monte

Registration District No. 667
Primary Registration District No. 6410

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Thomas Elden White

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>81</u>	<u>8</u>	<u>2</u>		

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER Josiah E. White

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

12. MAIDEN NAME OF MOTHER Sarah M. Shaw

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

14. INFORMANT Paul H. Thix
(Address) Indianapolis Ind.

15. FILED May 8, 1927 B. F. Parnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1927

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1927, to May 8, 1927, that I last saw him alive on May 5, 1927, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
XVH (duration) 5 1/2 hours
CONTRIBUTORY (SECONDARY) myocardial (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Paralysis
(Signed) W. E. Parnes M. D.
(Address) La Monte Mo

*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 La Monte Mo DATE OF BURIAL May 11 1927

20. UNDERTAKER B. F. Parnes ADDRESS La Monte 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.

