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

Do not use this space.

1373

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No. 397
City Kansas City (No. 1917 College St. Ward)

2. FULL NAME Harry Halem White
(a) Residence. No. 1917 College St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21, 1883

7. AGE: Years 44 — Months 5 — Days 7 — If LESS than 1 day, ___ hrs. or ___ min.

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

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

PARENTS
10. NAME OF FATHER George White
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lucy Rucker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Minnie White
(Address) 1917 College

15. FILED 1-28, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/26 1927, to Jan 27, 1928, that I last saw him alive on 27 of Jan, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Chronic Gastritis~~
Lobar Pneumonia
10 Days (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Gastritis
Obstetric (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH? 1917 College
DID AN OPERATION PRECEDE DEATH? No. DATE OF 29 Jan 28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E H Chim, M. D
1/28, 1928 (Address) 3223 Flora

*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: Columbia Mo — DATE OF BURIAL: Jan 30 1928

20. UNDERTAKER: A H Newcomer's Sons K.C. Mo — ADDRESS

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.

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