MAR 16 1928

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

Do not use this space.

4051

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 145
City St. Joseph, (No. Missouri Methodist Hospital St. ward)

2. FULL NAME Emerson DeForest White
(a) Residence. No. St., Ward. Clarksdale, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Emma Jane White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 31, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	5	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 137 92A
(b) General nature of industry, business, or establishment in which employed (or employer) 135D
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Berie County,
(STATE OR COUNTRY) Michigan,

PARENTS
10. NAME OF FATHER Freeborn Green White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buffalo,
(STATE OR COUNTRY) New York,
12. MAIDEN NAME OF MOTHER Amanda Marsh,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Sorthus D. White
(Address) Clarksdale, Missouri.

15. FILED FEB 3 1928 19 John G. Wh Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 3, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Feb 3, 1928, that I last saw him alive on Feb 3, 1928, and that death occurred, on the date stated above, at 7:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock following Prostolectomy Operation.
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Mitral Heart Lesion - old age and Bladder infection (duration) yrs. mos. Doubt Known ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home - Clarksdale Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 2-1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Exploratory
(Signed) [signature], M.D
Feb 3, 1928 (Address) 208 Kirkpatrick Bldg

*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: Thornton Cem. Clarksdale, Mo — DATE OF BURIAL: 2/5/ 1928

20. UNDERTAKER: Heaton-BeGole & Bowman by J. H. Earle — ADDRESS: 310 S. 10 St. Funeral Home

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.