

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

Do not use this space.

13104

**1. PLACE OF DEATH**

County Monroe

Registration District No. 284

Township West Plains Mo

Primary Registration District No. 4227

City West Plains Mo (No. ....)

File No. 46

Registered No. ....

St. .... Ward

**2. FULL NAME**

Ebert Downer White

(a) Residence. No. Doniphan Mo. St. .... Ward. ....

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-28-1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
19 19 2 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Bus Driver  
(b) General nature of industry, business, or establishment in which employed (or employer) OK P. 1/13  
(c) Name of employer

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

10. NAME OF FATHER Ebert C. White

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

12. MAIDEN NAME OF MOTHER Mary J. Glashon

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

14. INFORMANT E. C. White (Address) Doniphan Mo.

15. FILED 4-20-28 OPR. Heinrich REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1928

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1928, to April 20, 1928, that I last saw him alive on April 19, 1928, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Severe burns of face hands & legs caused by gasoline explosion.  
(duration) yrs. mos. 7 ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) L. E. Tunney, M. D.  
, 19 (Address) West Plains, 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 Doniphan, Mo. Oak Ridge Cem. DATE OF BURIAL 4-21-28

20. UNDERTAKER George Stapp ADDRESS West Plains

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.

PERMANENT RECORD

19-0-15

JUN 1

1928

