

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

Do not use this space.

1. PLACE OF DEATH

County Bernier Registration District No. 875
 Township Washington Primary Registration District No. 6763
 City Washington (No.) St. Ward

File No. 26221
 Registered No. 169

2. FULL NAME

(a) Residence. No. State Hospital #3 St. Ward

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U.S., if of foreign birth? not known

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-18-86

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hra. or ...min.
47 1 26

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

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

10. NAME OF FATHER Vincent White

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

12. MAIDEN NAME OF MOTHER Flores Basso

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

14. INFORMANT Toney White
 (Address) 9 K.C. Mo.

15. FILED 8-9-28 E. O. D'Almeida REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1928

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to July 14, 1928 that I last saw him alive on 14, 1928; and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92
Paralysis
 (duration) 24 yrs. mos. da.
 CONTRIBUTORY Convulsions
 (duration) yrs. mos. 4 da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab.

(Signed) J. J. O'Dell, M. D.
7/14, 1928 (Address) Nevada, 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 Kansas City Mo DATE OF BURIAL July 16 1928

20. UNDERTAKER Tony Funeral Home ADDRESS Nevada 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.

