

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

Do not use this space.

**26915**

**1. PLACE OF DEATH**

County Worth Registration District No. 288  
Township Kennett Primary Registration District No. 4172  
City Kennett (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Billy Wayne White  
(a) Residence. No. \_\_\_\_\_ 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. 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 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) Aug-8-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
20 0 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER W. White

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

12. MAIDEN NAME OF MOTHER Baldie Cobb

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

14. INFORMANT W. White  
(Address) Kennett, Mo

15. FILED 9/1, 1928 E. L. Spurgeon  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 1928

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to Aug 12, 1928 that I last saw him alive on Aug 11, 1928 and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Colitis

12.013 / 1146 (duration) yrs. mos. ds. 20 ds.  
CONTRIBUTORY (SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF: \_\_\_\_\_

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: Physical

(Signed) W. K. Gossage, M. D.

8/13, 1928 (Address) Kennett 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 DATE OF BURIAL

Hazel 8/13 1928

20. UNDERTAKER ADDRESS

Baldie Cobb Kennett Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR DRIVING

EP 25 1928

Gossage

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