1 22 1928

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

Do not use this space.

33907

1. PLACE OF DEATH
County Jackson — Registration District No. 400 — File No.
Township Prairie — Primary Registration District No. 5553 B. — Registered No. 129.
City Lee's Summit (No. ..... St. ..... Ward)

2. FULL NAME Edward White
(a) Residence. No. 1609 Linwood St. Kansas City Mo. 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. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26. 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	1	6	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Andrew J White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Uniknown
(STATE OR COUNTRY) Pa.
12. MAIDEN NAME OF MOTHER Mary Ellen Cox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Uniknown
(STATE OR COUNTRY) Va.

14. INFORMANT Mrs Nora White
(Address) 1609 Linwood K. C. Mo.

15. FILED 10/3, 1928. F. M. Schick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... Deputy Coroner, 19..., to ..... 19..., that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of lung
416
49
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Ken Gaffrey, M. D
, 19 (Address) Deputy Coroner

*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: Lee's Summit Mo. — DATE OF BURIAL: 9-4 1928

20. UNDERTAKER: R. C. Fields. Lee's Summit 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.