DEC 26 1928

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

Do not use this space.

36098

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St. Joseph, (No.) 409 No. 13th. St. (St.) (Ward)

File No.:
Registered No.: 1275

2. FULL NAME: James G. White

(a) Residence. No. (Usual place of abode) St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine White

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept, 27, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	13	

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):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton, Mo.

PARENTS
10. NAME OF FATHER: A. J. White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Rebecca Hardwick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): Mrs. Katherine White, 409 No. 13th. St.

15. FILED: NOV 12 1928 — REGISTRAR: John G. [illegible]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov, 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1928, to Nov. 10, 1928, that I last saw him alive on Oct 17, 1928, and that death occurred, on the date stated above, at 8.15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
T.B.
Tuberculosis - Throat & Chest
Acute General.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Irritation from Vocation (Painter)
May 1928 (duration) 7 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? No.
WHAT TEST CONFIRMED DIAGNOSIS? Gen. Symp & Lab test
(Signed) Blanche B. Rennick, M.D.
Nov. 10, 1928 (Address) Logan Bldg St Jos. 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: Clinton, Missouri — DATE OF BURIAL: Nov, 12, 1928

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.

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.