

JAN 25 1929

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

Do not use this space.

41880

1. PLACE OF DEATH

County Newton
Township
City Granby (No. St. Ward)

Registration District No. 46614
Primary Registration District No. 58264554

File No. 18
Registered No. 42

2. FULL NAME

William White

(a) Residence. No. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle one)

widower

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-9-1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to Dec 9, 1928, that I last saw him alive on May 10, 1928, and that death occurred, on the date stated above, at Granby, Mo.

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

Michael Ferguson white

THE CAUSE OF DEATH* WAS AS FOLLOWS:

12-9-28
epatitis

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

July 6, 1845

7. AGE

YEARS 83 MONTHS 5 DAYS 3
IF LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) L
(c) Name of employer L

CONTRIBUTORY (SECONDARY) Several Enlarged Prostate
Several

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

Germany

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 135
DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY?

10. NAME OF FATHER

Not known

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

Germany

12. MAIDEN NAME OF MOTHER

L

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

L

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. Roens, M. D.
, 19 (Address) Granby 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.

14. INFORMANT Earl White
(Address) Granby, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood Cem DATE OF BURIAL 12-12-1928

15. FILED 12-10-28 John F. Palmer REGISTRAR

20. UNDERTAKER S. S. Nutman ADDRESS Granby Mo

X. 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.

