

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

Do not use this space.

457

**1. PLACE OF DEATH**

County Callaway  
Towship.....  
City Sulton (No.....)

Registration District No. 104  
Primary Registration District No. 3008

File No.....  
Registered No. 222  
St..... Ward.....

**2. FULL NAME**

Charles B. White

(a) Residence. No. Westminister Ave 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 | 5 | 20

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Charles White

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

12. MAIDEN NAME OF MOTHER Janni Bachel

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

14. INFORMANT Lester White  
(Address) Sulton, Mo.

15. Jan 19, 1929 R. N. Crews  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1928 to Jan-18, 1929 that I last saw him alive on Jan-18, 1929 and that death occurred, on the date stated above, at 9:25 A.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

108 Toxemia  
135 Sty Pneumonia  
64 Cystitis  
CONTRIBUTORY (SECONDARY)

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

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? W. A. Richardson, M. D.  
(Signed) Frederic M., 19 (Address) Sulton 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

South Side Cemetery Jan. 20, 1929

20. UNDERTAKER Eli Bell ADDRESS Sulton 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.

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