

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

Do not use this space.

1398

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence, Mo.

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 7
St. Ward)

2. FULL NAME

(a) Residence. No. 412 W. Sea St., Ward.

(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 - 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 7 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Lewerance Co.
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Elmon White

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

12. MAIDEN NAME OF MOTHER Lucinda White

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

14. INFORMANT B. C. Loar
(Address) 1310 West Lexington

15. FILED 1-8 1929 7. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 6 1929

I HEREBY CERTIFY That I attended deceased from Dec 24 to Jan 6 1929
that I last saw him alive on Jan 6 1929, and that death occurred, on the date stated above, at 11:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
11/16 107A
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physiological

(Signed) Chas. E. Carson M. D.

1/4 1929 (Address) Independence, Mo.

*State the DISEASE CAUSING DEATH, as 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

Woodlawn Cem. DATE OF BURIAL Jan. 8. 1929

20. UNDERTAKER

Chas. E. Carson & Son ADDRESS Indep. Mo.

RECORD 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.

