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

Do not use this space.

9113

1. PLACE OF DEATH
County Schuyler.
Township Lancaster,
City (No. , St. Ward)
Registration District No. 805
Primary Registration District No. 4484
File No.
Registered No. 10

2. FULL NAME Billie Max White,
(a) Residence. No. St., 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug, 28, 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	5	13	

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

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

PARENTS

10. NAME OF FATHER Ernest White,
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa.
12. MAIDEN NAME OF MOTHER Edith Seemster.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Glenwood
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Edith White,
(Address) Lancaster Mo.

15. FILED Feb 12, 1929 W. F. Justice REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 11, 1929 that I last saw him alive on Feb 11, 1929, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
This child was dying when I was called in I did not make a diagnosis. Dr Cox who attended it said he did not (duration) mos. 3 ds.

CONTRIBUTORY (SECONDARY) Know what was the trouble (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 8 Yoo B
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. F. Justice, M. D
2/12, 1929 (Address) Lancaster 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: I.O.O.F. Cemetery.
DATE OF BURIAL: Feb 12 1929

20. UNDERTAKER: John A Roberts.
ADDRESS: Lancaster 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.

MAR 27 1929