

MAY 2 1929

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

Do not use this space.

13523

1. PLACE OF DEATH
 County Stoddard Registration District No. 834
 Township Rike Primary Registration District No. 6097
 City Advance R. 2. (No.) St. Ward)

2. FULL NAME Ray 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. 3 mos. da. 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) December 10 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 7

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

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

10. NAME OF FATHER Harry White

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

12. MAIDEN NAME OF MOTHER Abess Elliot

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

14. INFORMANT Harry White
 (Address) Advance Mo

15. FILED 3-18-1929 Wm Kearly
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1929, to March 9, 1929, that I last saw him alive on March 4, 1929, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pertussis
 (duration) yrs. mos. 20 ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. 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? inspection

(Signed) C. E. Secord, M. D.
2-18-19 (Address) Advance, 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 Crows Cemetery DATE OF BURIAL March 17 1929

20. UNDERTAKER W.C. Knight ADDRESS Advance Mo.

WRITE PAINLY, 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.

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PARENTS

V. 2, No. 2

