

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

Do not use this space.

18105  
2150

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. Research Hospital)

**399**  
Registration District No. \_\_\_\_\_  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** Fannie W. White

(a) Residence. No. Lucerne Hotel 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 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 George Newton White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 26, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	72	8	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) Washington  
(STATE OR COUNTRY) D. C.

10. NAME OF FATHER T. W. Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Not known

14. INFORMANT Jurank B. Clay  
(Address) 1123 Board of Trade Bldg

15. FILED 5/9 29 M. M. Crowe  
REGISTRAR

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 19 29

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16 1928 to May 8 1929 that I last saw him alive on May 8 1929, and that death occurred, on the date stated above, at 435 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arteriosclerosis - Hemiplegia  
from cerebral hemorrhage  
in middle left cereb. side  
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) arterial hypertension  
(duration) yrs. 7 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? clinical tests

(Signed) Lundberg, M. D.

May 9, 19 29 (Address) 1805 Fed R. Bldg.

\*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 \_\_\_\_\_

Mt. Washington Cem 5-10-1929

20. UNDERTAKER Stine & M. Clure ADDRESS 3235 Hillham Plaza

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.

2968

31

18-11-11 The Star General Reserve 12-1-19.

1/4 mile