MAR 25

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

Do not use this space.

4684 Dr. Daubler

1. PLACE OF DEATH

County Greene — Registration District No. 368 — File No. 162

Township — Primary Registration District No. 2001 — Registered No.

City Springfield, Mo. (No. St. John's Hospital St. Ward)

2. FULL NAME Harry F. White

(a) Residence. No. R. F. D. No. 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXXXX~~ Minnie J. White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	1	5	

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

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

PARENTS

10. NAME OF FATHER James M. White

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

12. MAIDEN NAME OF MOTHER Rebecca J. Lamb

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

14. INFORMANT Mrs. Minnie J. White
(Address) Springfield, Mo

15. FILED 2-18, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 30 Jan 8, 1930, to Feb 17, 1930 that I last saw him alive on Feb 17, 1930, and that death occurred, on the date stated above, at 4:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Thyroid

53E

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H Daubler, M. D
2-17, 1930 (Address) Med Arts Bldg Springfield 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
Maple Park	Feb. 19 1930

20. UNDERTAKER Alma Lohmeyer Funeral Home — ADDRESS Springfield Missouri

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.

162.