

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

Do not use this space.

18635

**1. PLACE OF DEATH**

County Buchanan  
Township Washington  
City St. Joseph

Registration District No. 83  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 557  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** Henry White.

(a) Residence. No. 1121 Henry 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
48 No facts No

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) Morehead brick Co.  
(c) Name of employer Morehead Brick Co.

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo.  
(STATE OR COUNTRY) \_\_\_\_\_

PARENTS

10. NAME OF FATHER George White  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan Co.  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Hannah  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buchanan Co.  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Garnetta White

(Address) 1121 Henry St.

15. FILED 6 1930 John G. Utz REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3, 19 30

17. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1930, to June 3rd, 1930, that I last saw him alive on June 2nd, 1930, and that death occurred, on the date stated above, at 8:10 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Indigestion Myocarditis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Acute Indigestion due to overheating (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH At his work in Brick yard

DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) A. Williams, M. D.

. 19 (Address) 1215 Farson St

\*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 Ashland Cemetery DATE OF BURIAL 6/6/ 19 30

20. UNDERTAKER Ramsey Funeral Service. ADDRESS 9th. & Olive

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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