

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

Do not use this space.

19901

1. PLACE OF DEATH

County Lafayette
Township Cathlamet
City Cathlamet (No. _____)

Registration District No. 464
Primary Registration District No. 227
4270

File No. 13
Registered No. 24
St. _____ Ward)

2. FULL NAME

(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.

Jasper Henry White

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 6 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(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) Wisconsin

10. NAME OF FATHER Ephram White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) U.S. of A.

12. MAIDEN NAME OF MOTHER Sarah Young

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

14. INFORMANT (Address) Emma White
Bates City, Mo.

15. FILED Aug 9, 1930 R. Schwoley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-29th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 9th 1930 to June 27th 1930 that I last saw him alive on June 27th 1930 and that death occurred, on the date stated above, at 7:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

37 Staphylococci infection of prostate (duration) yrs. 1 mos. _____ ds.
38 Hypostatic congestion (SECONDARY) (duration) yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. E. Perry, M. D.

6/30 . 1930 (Address) Cathlamet

*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
Bates City 7/1 1930

20. UNDERTAKER ADDRESS
Z. C. Clark 16. Oak Grove 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.

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2-11-30

