

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

Do not use this space.

34293 2

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 3019  
 City Independence Mo. (No. ....) St. .... Ward)

File No. ....

Registered No. 335

**2. FULL NAME**

(a) Residence. No. Un-named St. .... Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 2 1/2 hrs. .... (If nonresident, give city or town and State)  
 How long in U. S., if of foreign birth? yrs. mos. ds. ....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>10-1-31</u>		
7. AGE YEARS —	MONTHS —	DAYS —
If LESS than 1 yr. <u>2</u> hrs. <u>30</u> min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u> (c) Name of employer <u>none</u>		

9. BIRTHPLACE (CITY OR TOWN) Independence Mo.  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>William Clark White</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Smith Center</u> (STATE OR COUNTRY) <u>Kans.</u>
	12. MAIDEN NAME OF MOTHER <u>Dora Russell</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Waco</u> (STATE OR COUNTRY) <u>Nebraska</u>

14. INFORMANT J.H. Wallace  
 (Address) 555 Stonewall Court K.Mo.

15. FILED 10-10-1931 J. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-1-31 19 31

17. I HEREBY CERTIFY, That I attended deceased from 4:30 p.m.  
10-1-31, 1931, to 7:00 p.m. 10-1-31, 1931  
 that I last saw h. person alive on 10-1-31, 1931, and that  
 death occurred, on the date stated above, at 7 P.M.

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

Spontaneous premature  
birth  
 (duration) 15 yrs. .... mos. .... 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 clinical  
 (Signed) Myron D Jones M.D.

10/1, 1931 (Address) 327 Altman Bldg  
K.C. 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 Hannu City College of  
Dental Surgery DATE OF BURIAL 10/10 1931

20. UNDERTAKER Hottel ADDRESS K.C. Mo.

WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 26 1931

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.

11th + 12th  
L. E. Brown