

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

Do not use this space.

29214

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 5304, Troost)

Registration District No. 889
Primary Registration District No. 1000

File No. _____
Registered No. 3387
St. 1 Ward 3387

2. FULL NAME

James J. White
(a) Residence, No. 5304 Troost St., 6 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ida M. White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1869

7. AGE YEARS 63 MONTHS 5 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schnevie N. Y.

13. NAME Hiram White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown N. Y.

15. MAIDEN NAME Carry Dailey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown N. Y.

17. INFORMANT Mrs. Ida M. White (ADDRESS) 5304 Troost

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Sept. 7, 1932

19. UNDERTAKER (ADDRESS) D. W. Zimmerman's home 2111 E. 9th St. - K.C. Mo.

20. FILED 9-6-32 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Sept 5, 1932

I last saw h. a. m. alive on Sept. 4, 1932. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 1930

Heart Block 1930

Hypertension 1931

Coronary thrombosis

Other contributory causes of importance: Heart Block

Hypertension

Coronary thrombosis

Name of operation No Date of _____
What test confirmed diagnosis Clinical + Electrocardiogram Was there an autopsy? Partial

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Joseph E. Welton, M. D.
(Address) 836 Professional Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

