

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

Do not use this space.

32157

1. PLACE OF DEATH

JACKSON

County

BLUE

Registration District No. 398

Township

INDEPENDENCE

Primary Registration District No. 5554

(No. 1407 APPLETON AVE.)

File No.

Registered No. 306

St. Ward

2. FULL NAME OSCAR WHITE

(a) Residence, No. 630 1/2 KANSAS AVE
(Usual place of abode)

St. Ward

KANSAS CITY, KANSAS.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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)
DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

XXXXXXXXXXXX

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

FEBR. 27, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59

7

13

NO

OCCUPATION

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

COOK

2 31

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

RESTAURANT

10. Date deceased last worked at this occupation (month and year)

NO RECORD

11. Total time (years) spent in this occupation NO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Andover 2
Nebraska

FATHER

13. NAME

JOHN WHITE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UNKNOWN UNKNOWN 31

MOTHER

15. MAIDEN NAME

UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UNKNOWN UNKNOWN

17. INFORMANT

(ADDRESS) MRS. FRED SCHNEIDER
1407 APPLETON AVE., INDEP., MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. WASHINGTON DATE OCT. 12, 1932

19. UNDERTAKER

(ADDRESS) STAHL'S FUNERAL HOME
615 W. MAPLE AVE., INDEP. MO.

20. FILED

Oct. 12, 1932 J. H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19... Death is said to have occurred on the date stated above, at 11:45 A.M.

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

Coronary thrombosis
9/4/32
17
Other contributory causes of importance: Arterio-sclerosis
9/4/32

Name of operation Date of...
What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify (Signed) J. H. Cook, M. D.

(Address) J. H. Cook

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.

NOV 2 1932

