

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

Do not use this space. ✓

39522

File No. _____
Registered No. 290 Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5557
City Independence (No. 1919 Ash ave) St. _____ Ward _____

2. FULL NAME

Eugene Clayton White
(a) Residence, No. 1919 Ash ave St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 6 17

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Kansas city (STATE OR COUNTRY) Missouri

13. NAME Thomas White

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

15. MAIDEN NAME Francis Taylor

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

17. INFORMANT (ADDRESS) Thomas White
1919 Ash ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Dec 11 1932

19. UNDERTAKER (ADDRESS) Green Funeral Home
Independence Mo

20. FILED Dec 10 1932 H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26 1932 to Dec 9 1932
I last saw him alive on Dec 6 1932 Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

Status Lymphaticus
67
158
Other contributory causes of importance:
Respiratory failure

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

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) R. L. Buckel M. D.
(Address) Independence Mo

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.

JAN 24 1933

MAKING RESERVED FOR BINDING

NO. 2

