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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 42560

Township ..... Primary Registration District No. 1003 ..... Registered No. 11702

City St. Louis (No. 500 S. Kingshighway St. Louis Children Hospt St. ..... Ward)

2. FULL NAME James LeRoy White

(a) Residence, No. 6314 Chatham St., 12 Ward. St. Louis Co. Mo.
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-18-32.

7. AGE YEARS — MONTHS 11 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER

13. NAME T. R. White

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

MOTHER

15. MAIDEN NAME Matilda Oberkromb

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

17. INFORMANT (ADDRESS) J. McIlvin 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Ryons Mo. DATE Dec. 31, 1932

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave

20. FILED Dec 29 1932, 19 Max C. Starkloff Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-14-32, 19..., to 12-29-32, 19...

I last saw him alive on 12-29-32, 19..... Death is said to have occurred on the date stated above, at 12:50 a.m.

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

	Date of onset
Laryngitis, acute (B. influenza)	12-14-32
non Diphtheritic (culture diag)	" "
Pneumonia, secondary	
Bronchs.	

Other contributory causes of importance:

11 A
10 A
10 A

Name of operation Tracheotomy Date of 12-14-32

What test confirmed diagnosis? ..... Was there an autopsy? no

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) W. E. Keiter, M. D.

(Address) 500 So. Kingshighway