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.

9508

1. PLACE OF DEATH
County JACKSON — Registration District No. 899 — File No. 1000
Township KAW — Primary Registration District No. 1008 — Registered No.
City KANSAS CITY (No. 3416 PASEO St. Ward)

2. FULL NAME John Lawrence White
(a) Residence, No. 3416 PASEO St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 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): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APRIL 19, 1918
7. AGE: YEARS 14 — MONTHS 10 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: SCOLAR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: WESTPORT HIGH SCHOOL
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): INDEPENDENCE MISSOURI

FATHER
13. NAME: ALMA R. WHITE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IOWA

MOTHER
15. MAIDEN NAME: MARGARET WILLIAMS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IOWA

17. INFORMANT (ADDRESS): ALMA R. WHITE 3416 PASEO
18. BURIAL, CREMATION, OR REMOVAL
PLACE WOODLAWN . INDEP. MO DATE MARCH 6, 1933
19. UNDERTAKER (ADDRESS): STAHL'S FUNERAL HOME 315 W. MAPLE AVE. INDEP. MO
20. FILED 3/6, 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/4/33, 19
22. I HEREBY CERTIFY: That I attended deceased from Deputy Coroner 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:
Cerebellar hemorrhage
Subdural hemorrhage
Date of onset
Other contributory causes of importance: 82a
82A
Name of operation: No — Date of
What test confirmed diagnosis? Autopsy — 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) [signature], M.D.
(Address) Deputy Coroner