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.

JUL 23 1933

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

Do not use this space.

20392

1. PLACE OF DEATH

14 County Marion — Registration District No. 548.

2 Township ~~Liberty~~ — Primary Registration District No. 4323.

City Palmyra (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2 2. FULL NAME Dr. Alonzo White

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Bates White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1842

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
91	1	1	

OCCUPATION

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

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

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) Marion County Missouri

FATHER

13. NAME John B. White

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

MOTHER

15. MAIDEN NAME Martha Towler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) John B. White

18. BURIAL, CREMATION, OR REMOVAL Palmyra, Mo.
PLACE Greenwood Cem. DATE 6/27/33 19

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra, Mo.

20. FILED June 26 1933. Gertrude Lee Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to June 25, 1933

I last saw him alive on June 25, 1933. Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Carcinoma metastatic in liver

Probably primary in prostate

Date of onset: Fall of 1932

51

Other contributory causes of importance:

513

463

Name of operation — Date of —

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? No.

If so, specify —

(Signed) Noxon Toomey, M. D.

(Address) Palmyra, Mo.