

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

Do not use this space.

17670

File No. 183  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Letts Registration District No. 661  
Township \_\_\_\_\_ Primary Registration District No. 3032  
City Sedalia (No. Bothwell Wash)

**2. FULL NAME**

Clarence Henry White  
(a) Residence, No. 324 E Howard St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 4, 1915</u>		
7. AGE YEARS <u>18</u>	MONTHS <u>8</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at school</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton County Missouri</u>		
13. NAME <u>Daniel J. White</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton County Mo.</u>		
15. MAIDEN NAME <u>Hattie J. Knoles</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>D. J. White, Sedalia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>5/25</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Mc Laughlin Bevo Sedalia</u>		
20. FILED <u>5-25</u> 19 <u>34</u> <u>Jean Slack</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1934 to 5-23 1934  
I last saw him alive on 5-23 1934. Death is said to have occurred on the date stated above, at 8:40 p.m.  
The principal cause of death and related causes of importance were as follows:  
acute dilatation of heart following an operation of nephrectomy Date of onset 13 1/2

Other contributory causes of importance:  
Renal Calculi

Name of operation Left nephrectomy Date of 8-23-34  
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. W. Boges M. D.  
(Address) Sedalia Mo.

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.

JUN 25 1934

