

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

Do not use this space. ✓

1. PLACE OF DEATH

County JACKSON Registration District No. 400
 Township _____ Primary Registration District No. 5553B
 City LEES SUMMIT (No. JACKSON COUNTY HOME St. _____ Ward _____)

File No. 20781
 Registered No. 122

2. FULL NAME JOHN FREEMONT WHITE

(a) Residence, No. 2625 MERSINGTON St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. IDA MAY WHITE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-7-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 9

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

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) 1929 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MCCANICKSBURG INDIANA

13. NAME UNKNOWN WHITE

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) MRS. LILLIAN CREAGER 2625 MERSINGTON

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENLAWN DATE JUNE-18 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY MISSOURI

20. FILED June 16 1934 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-16 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 1934, to 6-16, 1934. I last saw him alive on 6/15, 1934. Death is said

to have occurred on the date stated above, at 2:00 A.M.

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

Acute debility Date of onset _____

Other contributory causes of importance: LOW

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical (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) J. Greene 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.

JUL 21 1934

1st National Bank Bldg. Indep. Mo.
2.5