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.

FEB 19 1935

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

Do not use this space.

1374

File No. D. 200

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kan City (No. 5047 - Wyandotte St. Ward)
Registration District No.: 399
Primary Registration District No.: 1002

2. FULL NAME: William H. White
(a) Residence, No. 5047 - Wyandotte St., Ward.
(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: Male ~~Female~~
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jane White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25 - 1857
7. AGE: Years 77 Months 5 Days 21 If LESS than 1 day, ...hrs. or ....min.

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.: Clothing Merchant
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): Kansas

FATHER
13. NAME: John White.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kan

MOTHER
15. MAIDEN NAME: Emily Coreum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kan

17. INFORMANT (ADDRESS): Eugene White.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Washington DATE: 1-17 35 .19
19. UNDERTAKER (ADDRESS): H. U. Bergman
20. FILED: Jan 17 .19 35 M. M. Crowder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/15/35 .19

22. I HEREBY CERTIFY, That I attended deceased from January 14 .19 35 to January 15 .19 35
I last saw him alive on January 14 .19 35. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congested Rectum	
24 hr	

Other contributory causes of importance:

Name of operation: none 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) Fellow Robins M. D.
(Address) 407 Ergh Bldg

Dr Zoogler
3910 Paseo.