

FEB 19 1935

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

Do not use this space.

1395

1. PLACE OF DEATH

County Jackson Registration District No. 1823
Township Jean Primary Registration District No. 796
City Kansas City (No. K C General Hosp) St. Mo. Ward

File No. _____
Registered No. 201
St. _____ Ward _____

2. FULL NAME

Ired White
(a) Residence, No. 2029 Penn St., Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-26-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

13. NAME Oscar White

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

15. MAIDEN NAME Amelia Livingston

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

17. INFORMANT Reverend Clerk
(ADDRESS) 12 C Gen Hosp 1823 Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph's C. H. DATE Jan 21 1935

19. UNDERTAKER Exp. Care
(ADDRESS) 721 C. Mo.

20. FILED Jan 18 35 M. M. Crowder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1934 to 1-7 1935

I last saw him alive on 1-17 1935 Death is said to have occurred on the date stated above, at 1:16 P.M.

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

Chronic Myocarditis
93%
Date of onset _____
Other contributory causes of importance: Acute dilatation of Heart

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) 12 C Gen Hosp 1823 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.

RECORD WITH CHARGING THEREIN IS A PERMANENT RECORD

