

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

JUN 3 1935

98848

#### 1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3032

City Scalio

(No. 4215 Lamine)

File No. 122

Registered No. 668

St.

Ward

#### 2. FULL NAME

Jacob Lason White

(a) Residence No. 4215

(Usual place of abode)

St.

Ward.

(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

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

Melissa White

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

Jan. 12, 1859

7. AGE

YEARS

76

MONTHS

2

DAYS

25

IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Retiree

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)

Osage County Missouri

FATHER

13. NAME

George C. White

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

Tennessee

MOTHER

15. MAIDEN NAME

Mary J. Sutton

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

Osage County Missouri

17. INFORMANT (ADDRESS)

Mrs. L. A. Robertson Alma Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill

DATE 4/6/35

19. UNDERTAKER (ADDRESS)

M. P. Laughlin Bros. Scalio

20. FILED

April 6, 1935

Fran Slack

Registrar

#### MEDICAL CERTIFICATE OF DEATH

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

4/5

1935

22. I HEREBY CERTIFY, That I attended deceased from

Sept

, 1934, to

Apr 5

, 1935

I last saw him alive on Apr 5, 1935 Death is said

to have occurred on the date stated above, at 9:48

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

Chs Myocarditis

Date of onset

1-24-34

Other contributory causes of importance

Chs. Interstitial nephritis

1-24-34

Name of operation

none

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

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. W. Boyer

M. D.

(Address)

Scalio, Mo

