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

80 DEC 18 1936

Do not use this space.

40399

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 1375

City: ~~State Hosp #2~~ St Joseph Mo (No. ~~St Joseph Mo~~ St Hospital #2 St. Ward)

2. FULL NAME: F. W. White

(a) Residence, No. 2404 PACIFIC St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 26 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: Jennie Denham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 22 1846

7. AGE: YEARS 90 — MONTHS 1 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: Frederick W White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Unknown (alice Ann —?)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Records of State Hosp #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: ASHLAND CEMETERY DATE: NOV. 4, 1936

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 CALHOUN ST. JOSEPH, MO.

20. FILED: Nov 4 1936 A J Nettebuck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1935, to Nov 2, 1936
I last saw him alive on Nov 1, 1936. Death is said to have occurred on the date stated above, at 8 30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: Indef

Other contributory causes of importance: Senility

93C

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, 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) E. E. DeLong, M. D.
(Address) State Hospital #2