

FEB 25 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1745

1. PLACE OF DEATH

County Jackson Registration District No. 379  
Township Kaw Primary Registration District No. 100  
City Kansas City (No. 3232 Euclid Avenue) St. 1 Ward 1

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Grace Matthews White

(a) Residence, No. 3232 Euclid Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Prof. Edwin C. White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 12, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 1 16

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

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) Mississippi

13. NAME Samuel Matthews

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

15. MAIDEN NAME Matilda McDonald

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

17. INFORMANT Edwin A. White, M. D. (son)  
(ADDRESS) 3232 Euclid Avenue

18. BURIAL, CREMATION OR REPOSSIX Slmwood Cemetery  
PLACE Kansas City, Mo. DATE Jan. 1937

19. UNDERTAKER Stine & McClure  
(ADDRESS) 3235 Gillham Plaza

20. FILED 7/29 1937 M. M. Brome  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, to Jan. 28, 1937

I last saw him alive on Jan 28, 1937. Death is said to have occurred on the date stated above, at A. m. 8:15

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

Ca of organ kidney  
Complete urinary obstruction  
old age

Name of operation none Date of op. \_\_\_\_\_

What test confirmed diagnosis? X-ray 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) E. Lee Miller, M. D.  
(Address) 1032 Professional

K.S. Mo.

N. B.—Every item of information on this certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

