

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.

WAS 16 1937

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

Do not use this space.

5144

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City Joseph (No. 410 By camera) St. _____ Ward _____
 2. FULL NAME Johnny (Bud) White
 (a) Residence, No. 410 By camera 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.

File No. _____
 Registered No. 228
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia White
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1898
 7. AGE YEARS 58 MONTHS 3 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Had Curer
 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) Buchanan Mo.
 FATHER 13. NAME George White
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Mo.
 MOTHER 15. MAIDEN NAME Stannah Richs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Mo.
 17. INFORMANT (ADDRESS) Minnie White 2012 So 3rd
 18. BURIAL, CREMATION, OR REMOVAL PLACE Josephine DATE Feb 23 1937
 19. UNDERTAKER (ADDRESS) Kansas Mortuary 123 So 3rd
 20. FILED 2/23 1937 W. Nestlebusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1937
 22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937 to Feb 19 1937.
 I last saw him alive on Jan 19 1937. Death is said to have occurred on the date stated above, at 3:45 p. m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
 Date of onset 2/19/37
 Other contributory causes of importance: fall
 Name of operation _____ 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) Fester W. Gordon M. D.
 (Address) 276 W. W. Mo ave

