

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship KawCity Kansas City No.(No. 3227 Prospect Ave.)

399

Registration District No.

Primary Registration District No.

2002

File No.

29895

Registered No.

St. Ward 2. FULL NAME Adelmon E. WHITE.(a) Residence, No. 3227 Prospect Ave. St. Ward
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 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 OFCarrie White6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1851.

7. AGE

YEARS

86

MONTHS

0

DAYS

24

If LESS than 1
day, hrs.
or min.

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

At home

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) Unknown13. NAME Chester White14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Mary Parnele16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Harry D. White
2935 Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Washington DATE Aug. 26 193719. UNDERTAKER Melody-McGilley
(ADDRESS) K. C. Mo.20. FILED Aug. 26, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23/3722. I HEREBY CERTIFY, That I attended deceased from to , 19 I last saw him..... alive on..... 4/5/37, 19..... Death is said to have occurred on the date stated above, at..... m.

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

Ruptured abdominal aorta (Date of onsetArteriosclerosisAbdominal hemorrhage

Other contributory causes of importance:

96 lbsArtery

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) , M. D.(Address)

