

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

Do not use this space.

43974

JAN 17 1938

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. Wesley Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Velma Evelyn White
(a) Residence, No. 412 S. Elmwood St. _____ 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. 4877
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Edward White</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5, 1910</u>				
7. AGE	YEARS <u>27</u>	MONTHS <u>6</u>	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Kansas</u>				
FATHER	13. NAME <u>Arlie H. Taylor,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Josie Purdell</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Herman E. White,</u> (ADDRESS) <u>412 S. Elmwood, K.C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheldon, Mo.</u> DATE <u>Dec. 4-37</u>				
19. UNDERTAKER <u>C.H. Blackman & Son, Inc.</u> (ADDRESS) <u>2825 Indep. Blvd. K.C. Mo.</u>				
20. FILED <u>Dec 4 37 M. M. C. Rowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1937, to 12/2, 1937
I last saw h. m. alive on 12/2, 1937. Death is said to have occurred on the date stated above, at 5:45 m. PM
The principal cause of death and related causes of importance were as follows:
Pneumonitis -
145a
Date of onset 11/24/37

Other contributory causes of importance:
Appendicitis -
Choroidal sub-acute
Date of 11/12/37

Name of operation after doctor
Seeping stony Date of 11/14/37
What test confirmed diagnosis? Rat 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) R. H. Williams M. D.
(Address) 5400 St. John Ave
W. M. C. Rowe

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

