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

Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. 7444

Township — Primary Registration District No. 3032 — Registered No. 60

City Sedalia (No. 324 E. Howard St. Ward)

2. FULL NAME DANIEL JOSH WHITE

(a) Residence, No. 324 East Howard St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie Jane White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4, 1868

7. AGE: YEARS 71 — MONTHS 0 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad Bridge Worker
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): 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton County Missouri 0

FATHER

13. NAME: John White 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER

15. MAIDEN NAME: Margaret Neff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Marshal White

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 2/18- 1939

19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia

20. FILED 2-18- 1939 Mrs Harry Sneed Registrar. 906

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1939, to Feb 17, 1939

I last saw him alive on Feb 16, 1939. Death is said to have occurred on the date stated above, at 11-30 P m.

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

	Date of onset
Gloss pharyngeal pendyn	2-3 9
	2-14

Other contributory causes of importance: $1

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? no 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: Alfred E Moore

(Signed) M W 4, M. D.

(Address) Sedalia Mo

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 3/6/29