

REC'D JUN 15 1939

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

Do not use this space.

18300

1. PLACE OF DEATH

County Cass Registration District No. 154
Township Porter Primary Registration District No. 4088
City Garden City, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Thomas Gasner White
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Garden City, Mo. (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 11 27

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gardnerville, Cass Co., Missouri

MOTHER FATHER 13. NAME Alvin W. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Missouri

MOTHER 15. MAIDEN NAME Johanna Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co., Missouri

17. INFORMANT Alvin W. White (ADDRESS) Garden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE B. C. Cemetery DATE May 14, 1939

19. UNDERTAKER (ADDRESS) Porter & Co., Garden City, Mo.

20. F. 1939 Sp. Geo W. White Registrar. 147

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 11 - 1939

22. I HEREBY CERTIFY That I attended deceased from Dec - 1st, 1928, to May - 11 - 1939

I last saw him alive on May - 11, 1939. Death is said to have occurred on the date stated above, at 9:20 a.m.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:

Arteriosclerosis and Valvular heart disease

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X 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. X

Manner of injury X
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Frank B. Ellis, M. D.
(Address) Garden City, Mo.

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.

1939

