

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

Do not use this space.

26770

1. PLACE OF DEATH

County Clay
Township High River
City Excelsior Springs, Mo.

Registration District No. 198
Primary Registration District No. 3011

File No. _____
Registered No. 82
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 310 Kansas St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 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) about Dec 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
18 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At. Home
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shannendale
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ernest White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Glasco
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Katie Nicholas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kethville
(STATE OR COUNTRY) Mo.

14. INFORMANT Ernest White
(Address) Excelsior Springs, Mo.

15. FILED 8/14 1928 Y.H.D. Crocker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1928

17. I HEREBY CERTIFY That I attended deceased from July 20, 1928, to Aug 19, 1928
that I last saw him alive on July 29, 1928, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
Acute
12 3/4
11 1/2
12 1/4 yrs. 7 mos. — ds.
CONTRIBUTORY (SECONDARY) Influenza
preceding pneumonia
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John F. Grace, M.D.
Aug 20, 1928 (Address) Excelsior Springs, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood Cem. DATE OF BURIAL 8-21 1928

20. UNDERTAKER John C. Prather ADDRESS Excelsior Springs, 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.

