JAN 22 1929

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

Do not use this space.

39921

1. PLACE OF DEATH
County: Clay
Township: Fishing River
City: Liberty #3 (No. ..... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 0277a
File No. .....
Registered No. 135

2. FULL NAME: James M. White
(a) Residence. No. ..... 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.

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~~: Lora B. White
6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 30 1870
7. AGE: Years 58 | Months 8 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri City Mo.

PARENTS
10. NAME OF FATHER: Benjamin White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri City Mo
12. MAIDEN NAME OF MOTHER: Sallie Mallott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo

14. INFORMANT (Address): Grace White Liberty Mo.
15. FILED 12/20 1928 Y.D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 11 1928
17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 11, 1928 that I last saw him alive on Dec 10, 1928 and that death occurred, on the date stated above, at 7 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82 A
Mal
(duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY): none
(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? none
(Signed) W.H. Cuthbertson, M.D.
12/11, 1928 (Address) Liberty 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: Fairview Liberty Mo
DATE OF BURIAL: 12/12 1928
20. UNDERTAKER: Chas. Archer Co.
ADDRESS: Liberty 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.