

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

Do not use this space.

1598

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township _____ Primary Registration District No. 2.0021
City Joplin Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 32

2. FULL NAME

(a) Residence. No. 1502 Rhode Island Ward. _____
(Usual place of abode)

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 Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Pearl White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18-1893

7. AGE	YEARS	MONTHS	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>36</u>	<u>5</u>	<u>1</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stationary
(b) General nature of industry, business, or establishment in which employed (or employer) Engineer
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Arthur A. White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Ruth Vance

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) no Record

14. INFORMANT Mr. E. H. Wilson (Address) Harrisonville Mo.

15. FILED 1/21, 1930 A Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1929 to Jan 19, 1930 that I last saw living alive on Jan 19, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia
108
1.31

(duration) _____ yrs. mos. 5 ds.
CONTRIBUTOR Chronic Bright's Disease (SECONDARY)
(duration) _____ yrs. 6 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? _____ IF NOT AT PLACE OF DEATH _____

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Elyde B. Spangler, M. D. 1/20, 1930 (Address) Joplin 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 _____ DATE OF BURIAL Jan 21 1930

20. UNDERTAKER Frank Pierce Co, Joplin Mo ADDRESS _____

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.

100