

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

Do not use this space.

43193

1. PLACE OF DEATH  
 Registration District No. 875  
 Township Vernon Primary Registration District No. 3039  
 City Coater Nevada (No. ....) St. .... Ward (....)

2. FULL NAME John W. White  
 (a) Residence. No. J. Cedar St. 2nd 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC 31 1931

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

17. I HEREBY CERTIFY, That I attended deceased from DEC 30, 1931, to DEC 31, 1931, that I last saw h.w.m. alive on DEC 31, 1931, and that death occurred, on the date stated above, at 10:10 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 1858

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 — 3

Pneumonia - Lobor Double

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) ..  
 (c) Name of employer ..

108 about 10 ds. (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

10. NAME OF FATHER ..

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

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

DID AN OPERATION PRECEDE DEATH? .. DATE OF ..

12. MAIDEN NAME OF MOTHER ..

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. H. Liston, M. D.

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

, 19 (Address) Nevada, Mo.

14. INFORMANT Wm Combast (Address) ..

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moore Cemeter DATE OF BURIAL 1-3 1932

15. FILED 1-11-32 E. R. King REGISTRAR

20. UNDERTAKER Ferry Funeral Home Nevada 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

