

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

Do not use this space. 95772

**1. PLACE OF DEATH**

County JACKSON  
Township BLUE  
City INDEPENDENCE (No. 912 N. DODGION)

Registration District No. 398  
Primary Registration District No. 3019

File No. ....  
Registered No. 114 (St. .... Ward)

**2. FULL NAME** WILLIAM A. O. WHITE.

(a) Residence, No. 912 N. DODGION St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 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 BERTHA E. WHITE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 27, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 3 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. UNEMPLOYED A/C BLINDNESS  
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 ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GALLATIN MISSOURI

FATHER 13. NAME ALMON WHITE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME MARY BURKE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. ANNIS TRIPLETT 912 N. DODGION

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUND GROVE DATE APRIL 2, 1933,

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME. 815 W. MAPLE AVE.

20. FILED Apr 6 1933 F. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 31, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933 to March 31, 1933

I last saw him alive on March 30, 1933 Death is said to have occurred on the date stated above, at 8:30 P.

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

Diabetic Mellitus  
59  
59  
Other contributory causes of importance:  
Diabetic Sanguine  
(fract.)

Date of onset  
?

Name of operation no Date of ....  
What test confirmed diagnosis? Lat Was there an autopsy? no

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

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) Robert Gratske M. D.  
(Address) Independence

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APP 22 1933  
over

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