

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

Do not use this space.

DECEASED MAR 24 1934

4932
657

1. PLACE OF DEATH

County: Jackson Registration District No. 399
 Township: Howe Primary Registration District No. 1002
 City: Kansas City (No. 1301 Olive St.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME William Knof White

(a) Residence, No. Hickman Mill 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 - 1904
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 29 6 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Dealer
 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) Kansas City Missouri

FATHER
 13. NAME Wm H White
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platt County Missouri

MOTHER
 15. MAIDEN NAME Amanda Simpson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platt County Missouri

17. INFORMANT Wm H White
 (ADDRESS) Hickman Mill

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hickman Mill DATE Feb 10 1934

19. UNDERTAKER H. Piegan & Son's
 (ADDRESS) 27 3rd Street

20. FILED Feb 10 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1934
 22. I HEREBY CERTIFY that I am a doctor licensed to practice medicine in the State of Missouri, and that I am satisfied that the deceased died on _____, 19____, at _____, Missouri, at _____ o'clock _____ P. M. I last saw him _____ on _____, 19____. Death is said to have occurred on the date stated at _____ m. The principal cause of death and related causes of importance were as follows: Myocardial Infarction Date of onset _____

Other contributory causes of importance: 96A
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholera Was there an autopsy? yes

23. If death was due to external causes (violence, etc.) 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.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury due to occupation of deceased? _____
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) [Address]

WRITE PAINFULLY, 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.

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