

OCT 1 1934 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

47
11
City Jasper
Township
City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3071

File No. 33205
Registered No. 92
St. Ward)

2. FULL NAME

Thomas G. White
(a) Residence, No. 1102 N. Aviation St., Ward.

(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF (OR) WIFE OF) Widowed		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30 1864		
7. AGE	YEARS 69	MONTHS 10
	DAYS 24	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Employee	
	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) Green County Missouri		
FATHER	13. NAME J. R. White	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn	
MOTHER	15. MAIDEN NAME Ellen Harding	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas	
17. INFORMANT (ADDRESS) Mrs. Edith Handcraft		
18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville, Mo. DATE 9/25 1934		
19. UNDERTAKER (ADDRESS) Webb City Undert Co. Webb City, Mo.		
20. FILED 7-25 1934 J. L. Orvey Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1934 to Sept 23 1934
I last saw him alive on Sept 23 1934. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis
Other contributory causes of importance
Name of operation
What test confirmed diagnosis? Cleared 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify R. W. Loomis M. D.
(Signed) (Address) Webb City, 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.

WHITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD

