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.

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

Do not use this space.

2/1

2598

1. PLACE OF DEATH

32 County DeKalb — Registration District No. 259 — File No.

Township Camden — Primary Registration District No. 5359B — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James Herman White, 300

(a) Residence, No. 2½ Miles No. West of Maysville Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29, 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

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) DeKalb Co. Missouri.

FATHER

13. NAME Samuel S. White,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wathena, Kansas.

MOTHER

15. MAIDEN NAME Ida B. Williams,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Missouri.

17. INFORMANT (ADDRESS) Mrs. Ida B. White, Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maysville Cem. DATE 1-17 1938

19. UNDERTAKER (ADDRESS) U. G. Pilcher, Maysville, Mo.

20. FILED 1-22 1938 Ethel H Boner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938, to Jan. 15, 1938

I last saw him alive on Jan. 15, 1938 Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Lobar pneumonia - bilateral	1-8-38
Myocardial failure	1-14-38

6612

Other contributory causes of importance:

Hyperthyroidism - goitre	1927

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

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24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John M. Cooper, M. D.

934 (Address) Maysville, Mo