

REC'D JUN 8 1939

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1007City Kansas City(No. 2 Research Hospital)File No. 17852Registered No. 2254

St. _____ Ward _____

2. FULL NAME Lloyd Taylor White(a) Residence, No. Parsons, Kansas 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. 14 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Ethel H. White6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1892

7. AGE

YEARS 47MONTHS 4DAYS 29

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Furniture 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) May, 193911. Total time (years) spent in this occupation 29

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

Parsons Kansas

FATHER

13. NAME Jesse C. White

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

Lima Ohio

MOTHER

15. MAIDEN NAME Delia Taylor

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

Toledo Ohio17. INFORMANT Mrs. Ethel H. White (ADDRESS) Parsons, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Parsons, Kansas DATE 5/31/3919. UNDERTAKER Geo. H. Long (ADDRESS) Kansas City, Kansas20. FILED May 31, 1939M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 193922. I HEREBY CERTIFY, That I attended deceased from 5-15-39, 1939, to 5-31-39, 1939I last saw him alive on 5-31-37, 1937 Death is saidto have occurred on the date stated above, at 7.9 a.m.

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

Acute glomerulonephritis

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 _____

(Signed) Smallwood, M. D.(Address) 924 Prof BldgK.C. 7200

130

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

17852 -
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township R.C. Primary Registration District No. 1992-1 Registered No. 2254
 (c) City R.C. (d) Street No. Research Hoop St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Lloyd J. White St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M -

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED May 31 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... 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:

Acute glomerular nephritis
Scarlet fever & diphtheria
 Date of onset

Other contributory causes of importance:

Hypertension

Name of operation Date of...
 What test confirmed diagnosis? Was there an autopsy? yes

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.
 (Signed) Arnold Black, M. D.
 (Address) 924 Prof. Bldg.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

