

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

Do not use this space.

3492

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4201 Manchester St. _____ Ward _____
 Registered No. 1133

2. FULL NAME

Peter White
 (a) Residence. No. 4201 Manchester St., 18 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 13, 1864</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>4</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone Cutter
 (b) General nature of industry, business, or establishment in which employed (or employer) Employe
 (c) Name of employer M. Cunningham & Sons

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

10. NAME OF FATHER

John White

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER

Ann Koranin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14. INFORMANT Christina White
 (Address) 4201, Manchester

15. FILED Jan 30 1928 Mar. C. Stark off. REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/29 1928
 17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1928 to Jan 29, 1928
 that I last saw _____ alive on Jan 29, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

108
 CONTRIBUTORY (SECONDARY) 10/10
 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Whitton Hall, M. D.

Jan 30, 1928 (Address) 1625 Town Square

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rolla, Mo. DATE OF BURIAL Jan 31 1928

20. UNDERTAKER Kreighamer & Co ADDRESS 7114 Manchester

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.

