MAR 16 1928

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

Do not use this space.

4122

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township ~~Washington~~ — Primary Registration District No. 1001 — File No.
City St Joseph (No. 1624 So 11th St. Ward) — Registered No. 220

2. FULL NAME Mrs Isabelle White
(a) Residence. No. 1624 So. 11th St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 — Wm R. White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	4	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 131 108
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

PARENTS
10. NAME OF FATHER: George Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Charles White
(Address) 1624 So. 11th St

15. FILED FEB 22 1928 John G. [illegible] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1928, to Feb 20th, 1928 that I last saw her alive on Feb 20th, 1928, and that death occurred, on the date stated above, at 7:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interstitial Nephritis chronic (duration) 3 yrs. mos. ds.

129a

CONTRIBUTORY (SECONDARY) Lymphatic abscesses acute (duration) ~~3~~ yrs. mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of Death
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis & General Symp.
(Signed) J E Ruhl, M. D
2/20, 1928 (Address) 1910 So 11th St. St Joseph Mo

*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: Ashland Cemetery — DATE OF BURIAL: Febr 22 1928

20. UNDERTAKER: E R Sidenfaden — ADDRESS: 602 So. 10th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.