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

Do not use this space.

27525

File No. 27525
Registered No. 628

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Fred Edward White
(a) Residence, No. 2834 Seneca St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 21 '31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lydia May White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar, 8, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	47	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Patrolman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Police Dept.
10. Date deceased last worked at this occupation (month and year): Aug, 1931
11. Total time (years) spent in this occupation: 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lane, Kansas

FATHER
13. NAME: Geo. F. White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lane, Kansas

MOTHER
15. MAIDEN NAME: Susie Tolbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin, Mo.

17. INFORMANT (ADDRESS): Lydia May White, 2834 Seneca St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rantoul, Kansas DATE: Aug, 8, 1931, 19

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: 8-6-31, 19 John R. Bender Jr. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug, 5, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1931 to Aug. 5, 1931
I last saw him alive on Aug. 5, 19.... Death is said to have occurred on the date stated above, at 9.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	Aug.
Acute Myocarditis	1-1931
9.11.13	
9.5	
1.8	

Other contributory causes of importance:
Obesity - weighed over 350 lb.
Fatty degeneration of heart

Name of operation: Appendicectomy Date of: Aug. 3
What test confirmed diagnosis? Jerusalem Was there an autopsy? No, 1931

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? No
If so, specify
(Signed) Adel Fox, M. D.
(Address) 731 Faraon St. St. Joseph, 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.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD