

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.

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

Do not use this space.

1. PLACE OF DEATH **Veterans' Administration Hospital**

County **Jackson**

Registration District No. **300**

File No. **32343**

Township **Kaw**

Primary Registration District No. **1**

Registered No. **3572**

City **Kansas City, Mo.** (No. **U. S. Veterans' Hospital**)

St. **Mo.** Ward **C-None**

2. FULL NAME **WHITE, Oliver P**

(a) Residence, No. **109 Mound St.** St. **Joliet, Illinois.** Ward. **Fifth Regiment Illinois Inf**

(Usual place of abode) **Joliet, Illinois.** (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 **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 **Mrs. Jessie White**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 16, 1863**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<b>68</b>	<b>11</b>	<b>28</b>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **69**

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) **Illinois**

13. NAME **Joseph White**

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

15. MAIDEN NAME **Elvina Mitchell**

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

17. INFORMANT **Mrs. Jessie White (wife)**  
(ADDRESS) **109 Mound St. Joliet, Illinois**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Joliet, Ill.** DATE **10/15 32**

19. UNDERTAKER **Freeman Mort.**  
(ADDRESS) .....

20. FILED **10/14 32** **M. M. Crowe**  
Regist. **asst**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 13, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **October 12, 1932** to **October 13, 1932**

I last saw him alive on **October 13, 1932** Death is said to have occurred on the date stated above, at **5:55 P.M.**

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

**Prostatitis, suppurative, hypertrophied** Date of onset **Unknown**

**Cystitis, severe** " "

**Pyonephritis, left kidney** " "

Other contributory causes of importance: **137 138A 138B**

Name of operation **None** 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? **No**

If so, specify .....

(Signed) **C. W. Hughes** M.D. Officer in Charge (T)  
**Veterans' Adm. Hosp. Kansas City, Mo.**

