

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.

NOV 10 1933

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

Do not use this space.

32306

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Primary Registration District No. 2001
 City St Joseph (No. St Joseph Hospital) St. _____ Ward _____

File No. _____
 Registered No. 1067

2. FULL NAME James E White

(a) Residence, No. 2532 Sylvania street 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>22</u>	

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Missouri

13. NAME James E White

14. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Christine Sanger

16. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Missouri

17. INFORMANT James E White (ADDRESS) 2532 Sylvania st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Cemetery DATE Nov 4, 1933

19. UNDERTAKER H. O. Sident (ADDRESS) 1802 corner 1st St. Joseph Mo.

20. FILED 11-1-33 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/30, 1933, to 10/31, 1933
 I last saw him alive on 10/30, 1933 Death is said to have occurred on the date stated above, at 4:45A.M.

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

Acute Intestinal Indigestion Date of onset 10/26/33
Caused indigestion work done

Other contributory causes of importance: Bronchitis Date 10/30/33

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) H. H. Humphrey M. D.
 (Address) 825 Charles St. Joseph, Mo.

