JAN 26 1934

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

Do not use this space. 39267

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 86 — File No.

Township Washington — Primary Registration District No. 5127 — Registered No. 68

City ~~St. Joseph~~ (No. County Infirmery St. Ward)

2. FULL NAME Ben White

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tannery Employe-retired

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

15 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

FATHER

13. NAME Unknown

31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs Jesse Mueller St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Memorial Park Cem.
PLACE St. Joseph Mo. DATE Dec. 12, 1933

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED Dec 12, 1933 J. J. Burnhart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10, 1933

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Dec 1st, 1933, to Dec 10th, 1933

I last saw him alive on Dec 10th, 1933. Death is said to have occurred on the date stated above, at 3 P m.

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

	Date of onset
Nephritis Interstitial	Dont know
131	
97	
Other contributory causes of importance:	
Arteriosclerosis	Dont know

131

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no.

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) A. E. Holley M. D.

(Address) 822 Edmond St Joseph Mo.

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.