

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

Do not use this space.

8789

**1. PLACE OF DEATH**

County Mason Registration District No. 399 File No. \_\_\_\_\_  
 Township Law Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City Kansas City (No. Kansas City Gen. Hosp. St. 1380 Ward)

**2. FULL NAME**

Perry White  
 (a) Residence, No. Keating Road St. 1 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 <u>Male White</u>	4. COLOR OR RACE <u>Unknown</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Broken down</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Unknown</u>
	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) (STATE OR COUNTRY) <u>Mason County, Mo.</u>		
FATHER	13. NAME <u>Thomas White</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Rec. a Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Deeds</u>	DATE <u>4-3-1-1932</u>
19. UNDERTAKER (ADDRESS) <u>St. B. Papstina</u>		
20. FILED <u>4/1 1932 M. M. Crowe</u> <u>asst. Registrar.</u>		

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1932, to 3-12, 1932.  
 I last saw him alive on 3-12, 1932. Death is said to have occurred on the date stated above, at 4:10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Encephalitis  
82B  
15B / 15 (1)  
 Other contributory causes of importance:  
Cerebral meningitis  
osis

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify None  
 (Signed) M. G. Williams, M. D.  
 (Address) Sub. R. C. Gen. Hosp. R. C. M.

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.

