

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

Do not use this space.

28251

1. PLACE OF DEATH

County Garrison Registration District No. 399 File No. 3370
 Township Wear Primary Registration District No. 100 Registered No. 3070
 City Kansas City (No. 42 C. General Hosp.) St. _____ Ward _____

2. FULL NAME

Walter E White
 (a) Residence, No. 6028 E 16th St. 15 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 25, 1879</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shuckert Bldg</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-28 1931 to 8-4 1931
 I last saw him alive on 8-4 1931. Death is said to have occurred on the date stated above, at 8:07 P.M.
 The principal cause of death and related causes of importance were as follows:
Ulcer of stomach with Perigastric abscess
 Date of onset 11/17
1238
127
 Other contributory causes of importance:
Peritonitis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>John White</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Jennie Martin</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
17. INFORMANT (ADDRESS) <u>Reynold Clark</u> <u>42 C. General Hosp</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Mo</u> DATE <u>Aug 6</u> 19 <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>Peter B. Kachura</u> <u>K.C. Mo</u>	
20. FILED <u>8-6-31</u> 19 <u>31</u> M. M. <u>Conroy</u> Registrar.	

Name of operation Postgastric enterostomy Date of 8-4-31
 What test confirmed diagnosis? _____ 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? _____
 If so, specify P.B. Willmore M. D.
 (Signed) _____
8-5-31 (Address) Supt K.C. Gen. Hosp

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

