

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

Do not use this space.

12985

**1. PLACE OF DEATH**

County Linn  
Township North City  
City North City (No. \_\_\_\_\_)

Registration District No. 417  
Primary Registration District No. 3021

File No. \_\_\_\_\_  
Registered No. 36  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Pearl May White  
(a) Residence, No. 325 8th St., \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
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 Harley S. White  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 11 11

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Ill.

13. NAME Chas. Hansen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Jennie Kramer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Harley S. White  
(ADDRESS) North City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE North City Linn DATE 4/10 32

19. UNDERTAKER North City Linn Co.  
(ADDRESS) \_\_\_\_\_

20. FILED 4/9 1932 R. M. Stormont  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1930 to April 7 1932

I last saw her alive on April 7 1932. Death is said to have occurred on the date stated above, at 9 P. m.

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

Carcinoma General from Left Breast with a general carcinoma of uterus (Date of onset \_\_\_\_\_)

Other contributory causes of importance: None

Name of operator Radical Left Breast Date of \_\_\_\_\_  
What test confirmed diagnosis? Lab 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 \_\_\_\_\_

(Signed) R. M. Stormont, M. D.  
(Address) North City 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.

MAY 3 5 1932

