

DEC 18 1936

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

Do not use this space.

40711

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. _____
Township Fishing River Primary Registration District No. 3011 Registered No. _____
City Excelsior Springs, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME PERDUE, Walter Sherman Hotel
Excelsior Springs, Missouri
(d) Residence, No. _____ Veterans Administration Facility Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 4 5

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

12. BIRTHPLACE (CITY OR TOWN) Green Ridge, Mo. (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Ira B. Perdue

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

15. MAIDEN NAME Margaret M. Hastings

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

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 11-16-36 19.

19. UNDERTAKER John C. Prathor (ADDRESS) Excelsior Springs, Mo.

20. FILED 11-15-1936 Mrs. R. M. P. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1936, 19, to Nov. 15, 1936, 19.

I last saw h. im. alive on Nov. 15, 1936, 19. Death is said

to have occurred on the date stated above, at 4:00 m. P.M.

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

Acute cardiac dilitation

Other contributory causes of importance:

Myocarditis

Name of operation none Date of _____

What test confirmed diagnosis? Lab. & X-Ray 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 _____

Nature of injury Myocarditis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify H. C. HARDEGREE, MD, Clinical Director
(Signed) Veterans Administration Facility M. D.

(Address) Excelsior Springs, Mo.

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