

# CERTIFICATE OF DEATH

No. 12 070

1a. Last Name of Deceased <b>Perritt</b>		1b. First Name <b>W.</b>		1c. Second Name <b>D.</b>		DATE OF DEATH: <b>10-15-47</b>		2. Month Day Year <b>10 15 47</b>	
3. Sex—Male or Female? <b>Male</b>		4. Color or Race <b>White</b>		5. Single, Married, Widowed or Divorced <b>Widowed</b>		6a. Name of Husband or Wife		6b. Age	
7. Date of Birth of Deceased <b>8-30-1892</b>		8. Age of Deceased (If under 1 day) Years <b>55</b> Months <b>10</b> Days <b>15</b> Hours <b>15</b> Min.		9a. Birthplace (City or town) <b>Louisiana</b>		9b. (State or Foreign Country) <b>Louisiana</b>			
10. Usual Occupation <b>Lease Broker</b>		11. Industry or Business		12. Social Security Number		13. If veteran, name war			
14. City or Town—(If outside city or town limits write RURAL) <b>Shreveport</b>				15. Parish and Ward No. <b>Caddo #4</b>		16. Length of Stay in this Community (Years, months or days) <b>Louisiana</b>			
17. Name of Hospital or Institution (If not in hospital or institution give street no. or location) <b>Shreveport Charity Hospital</b>						18. Length of Stay in Hospital or Institution (Years, months or days) <b>Unknown</b>			
19. City or Town—(If outside city or town limits write RURAL) <b>Shreveport</b>				20. Parish and Ward No. <b>Caddo</b>		21. State <b>Louisiana</b>			
22. Street Address—(If rural give location) <b>New Jefferson Hotel</b>				23. Is deceased a citizen of a foreign country? If yes, name country					
24. Name of Father <b>William Perritt</b>		25. Birthplace of Father <b>Louisiana</b>		26. Name of Mother <b>Hannie Walker</b>		27. Birthplace of Mother <b>New York</b>			
I certify that the above stated information is true and correct to the best of my knowledge.		28. Signature of Informant <b>W. D. Perritt - Hospital Record</b>		29. Date of Signature <b>9-19-47</b>					
30. Immediate Cause of Death <b>Resp. failure</b>								Duration	
31. Due to <b>for advanced Tuberculosis</b>								Duration <b>Death 2 weeks 12-12-47</b>	
32. Other Conditions (Include pregnancy within three months of death) <b>The lungs were affected by tuberculosis.</b>								Duration	
33. Major Findings of Operations				34. Major Findings of Autopsy					
35. Accident, Suicide, or Homicide (Specify)		36. Date of Occurrence		37. Where did injury occur? (City or town, parish and state)					
38. Did injury occur in or about home, on farm, in industrial or public place? (Specify type of place)				39. Did injury occur at work? (Yes or No)		40. Means of Injury			
41. I certify that I attended the deceased, From <b>9-19-47</b> To <b>10-15-47</b> and that death occurred on the date and hour stated above.		42. Signature of Physician <b>S. C. Thompson</b>		43. Date of Signature <b>10/18/47</b>					
44. Burial, Cremation, or Removal... Date thereof <b>10-17-47</b>		45. Place of Burial or Cremation <b>Aradia</b>		46. Signature of Funeral Director <b>Corneal</b>		47. Signature of Local Registrar <b>W. J. Sandidge</b>			
48. Burial Transit Permit Number <b>8337</b>		49. Parish of Issue <b>Caddo</b>		50. Date of Issue <b>10-16-47</b>					