

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.

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

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St Louis Mo.

Registration District No. 791

1003

Primary Registration District No. _____

File No. 21978

Registered No. 5424

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Perry Gaines

26

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Male</u>	COLOR OR RACE <u>Celoz</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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DATE OF DEATH 7 14, 1910
(Month) (Day) (Year)

DATE OF BIRTH Not Known
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 12, 1910, to July 14, 1910, that I last saw him alive on July 14, 1910, and that death occurred, on the date stated above, at 5:30 P.M.

AGE 68 yrs. _____ mos. _____ ds.
If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION
(a) Trade, profession, or particular kind of work Laborer in Brickyard
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Paralysis
820
162

BIRTHPLACE
(City or town, State or foreign country) States Louisiana

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Senility

NAME OF FATHER Don't know

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Am L. Perry M. D.

BIRTHPLACE OF FATHER
(City or town, State or foreign country) Don't know

(Signed) Am L. Perry M. D.
7-14 1910 (Address) 4452, Komerly

MAIDEN NAME OF MOTHER Maria Doblins

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Texas

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(Informant) Marion Gaines

Where was disease contracted if not at place of death? _____

(ADDRESS) 4327 St Ferdinand

Former or usual residence _____

Filed Jul 17 1910

PLACE OF BURIAL OR REMOVAL Greenwood

DATE OF BURIAL July 16 1910

REGISTRAR Wheeler Bond

UNDERTAKER W L Gordon

ADDRESS 2649 Morgan St

