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

Do not use this space.
14969

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kansas City — Primary Registration District No.: 1007 — Registered No.:
City: Missouri (No.: Old City Hospital St. Ward)

2. FULL NAME: William A. Perry
(a) Residence. No. 1616 Euclid Ave St., — 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

3. SEX: 42
4. COLOR OR RACE: Nigro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 3, 1886

7. AGE: Years 42 | Months — 2 | Days — | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: James Perry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Nettie Mathews
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Harry Perry
(Address): 1610 Euclid Ave

15. FILED: May 4, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-3 — 1927

17. I HEREBY CERTIFY, That I attended deceased from 4-14, 1927, to 5-3, 1927, that I last saw h. M. alive on 5-3, 1927, and that death occurred, on the date stated above, at 7 10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Lobar Pneumonia
(duration) yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY): Dementia Senex
(duration) yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) H. M. Smith M. D.
5/4, 1927 (Address) Old City Hospital 22nd & Wyc Cy

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Blue Ridge Lawn — DATE OF BURIAL: 5/5 1927
20. UNDERTAKER: West Chapel & Jones — ADDRESS: 1600 E. 19th

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.