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

Do not use this space.
15098

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Fax — Primary Registration District No.: 1602
City: K. C. Mo. (No. 1470 Highland St. Ward)

File No.
Registered No. 79865

2. FULL NAME: Thomas J. Perry (Perry)
(a) Residence. No. 1 P Pendl St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	negro	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Plastering
(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): Ala

PARENTS
10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: Viola Cubitt
(Address): 910 Highland

15. FILED: May 13, 1927 — Wm. Brown, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-1-27, 19

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, to, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide - (Throat Cut)
gun
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 198
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) Geo Lubrum, M. D.
5/1/27, 19 (Address) Deputy Coroner

*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 Cem. — DATE OF BURIAL: 5-7 1927
20. UNDERTAKER: ~~Jeff Parker~~ Parker & Pierson — ADDRESS: 1709 Vine

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.