AUG 17 1927

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

Do not use this space.

24720

1. PLACE OF DEATH

County: Johnson
Township: Columbus
~~City~~: Country
Registration District No.: 433
Primary Registration District No.: 3-5-90
File No.:
Registered No.:
(No. ..... St. ..... Ward)

2. FULL NAME: Barrett A. Perdue

(a) Residence. No. Country St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 2 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	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF (wife) Parthenia Perdue

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	8	2	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Columbus Mo

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

14. INFORMANT: Dr. Virgil J. Perdue
(Address) Centerview Mo.

15. FILED 8-5-1927 T. J. Coffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1927

17. I HEREBY CERTIFY, That I attended deceased from July 17 1927 to Aug 4 1927, that I last saw him alive on Aug 4 1927, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
Stomach & Liver
46B
46E
132B (duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Tremens (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Gross Lab.

8/5 1927 (Signed) R. E. Schaefer M.D.
(Address) Kansas City Mo

*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: Blackwater Cemetery
DATE OF BURIAL: 8-6-1927
20. UNDERTAKER: W J Goodman
ADDRESS: Holden Mo

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.