

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

Do not use this space.

16270

**1. PLACE OF DEATH**

County Buchanan  
Towship St. Joseph  
City St. Joseph (No. ....)

Registration District No. 85  
Primary Registration District No. 1001

File No. ....  
Registered No. 668  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 629 Maple St., Ward. Perry  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 1/2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MO 28-1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ....hra. or ....min.  
2 | 5 | 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monday, Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Grant C. Perry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monday, Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Vertude Lee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monday, Mo  
(STATE OR COUNTRY)

14. INFORMANT Grant C. Perry  
(Address) 629 Maple and St. Joseph

15. FILED 22 1928 REGISTRAR John J. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1928

17. I HEREBY CERTIFY That I attended deceased from May 14 1928, to May 20 1928 that I last saw him alive on May 20 1928, and that death occurred, on the date stated above, at 7:30 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Scarlet Fever  
(indefinite form)

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) S. D. [Signature] M. D.

\*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.  
Rock Island Rd St. Joseph Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Monday Mo DATE OF BURIAL 5-22 1928

20. UNDERTAKER

R. J. Taggart ADDRESS Monday

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—THIS IS A PERMANENT RECORD

