

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

Do not use this space.
Reagan
 27867
 File No. _____
 Registered No. *89* _____
 St. _____ Ward _____

1. PLACE OF DEATH
 County *Macou* Registration District No. *533*
 Township _____ Primary Registration District No. *3027*
 City *Macou* (No. _____) St. _____ Ward _____

2. FULL NAME *Perry Franklin*
 (a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 8 1874*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 11 9

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

9. BIRTHPLACE (CITY OR TOWN) *Wayne Co., Kentucky*
 (STATE OR COUNTRY)

10. NAME OF FATHER *John Franklin*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Kentucky*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Don't know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Don't know*
 (STATE OR COUNTRY)

14. INFORMANT *Mrs S. M. Poe*
 (Address) *Moberly Mo.*

15. FILED *8/31 1928* REGISTRAR *Mrs Lulu Hunkle*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *AUG. 31 1928*

17. I, *Reagan* CERTIFY, That I attended deceased from _____
August 20 1928 to *August 31* 1928
 that I last saw him alive on *Aug 31* 1928 and that death occurred, on the date stated above, at *8:35 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Posterior embolism and occlusion of mesencephalic artery
132 A 2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *securty*
131 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) *C. W. Reagan*, M. D.
8-31 1928 (Address)

*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 *Hebrew Cemetery* DATE OF BURIAL *Sept 2 1928*

20. UNDERTAKER *Albert Skinner* ADDRESS *Macou 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.

