

24 1928

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

Do not use this space.

29923

1. PLACE OF DEATH

County... Cape Girardeau, Mo. Registration District No. 125  
Township... Cape Girardeau, Mo. Primary Registration District No. 3009  
City... Cape Girardeau, Mo.

File No. ....  
Registered No. 1202  
St. .... Ward)

2. FULL NAME

Mr. Clarence Perry

(a) Residence. No. C. 4 Independence 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mrs. Clarence Perry

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

Feb. 15 - 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

7

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Clerk -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Glen Allen, Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

William Perry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Glen Allen, Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Melbida Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Marion, Mo.

(STATE OR COUNTRY)

PARENTS

14. INFORMANT

Mrs. Clarence Perry  
(Address) Cape Gir., Mo.

15. FILED

9/28/28 W. K. Kump  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9/26 1928

17.

I HEREBY CERTIFY That I attended deceased from 9/1/27 to 9/26/28 that I last saw him alive on 9/26/28, and that death occurred on the date stated above, at 6 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Ruptured Gall bladder, Peritonitis

CONTRIBUTORY (SECONDARY)

126  
127A (duration) yrs. mos. ds.  
128 Gall stones in common bile duct (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

10/12/28 you DATE OF 9/21/28  
IF NOT AT PLACE OF DEATH, IS AN OPERATION PRECEDING DEATH. AS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Pathology Certificate  
(Signed) C. L. ... 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Loumiers, Canada Sept 28 1928  
20. UNDERTAKER Al Dunlop ADDRESS Cape Girardeau, Mo.

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.

