WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3780

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. ..... St. ..... Ward)

File No. .....

Registered No. 384

2. FULL NAME Lemon (Perry) Perry

(a) Residence. No. 1605 Glasgow St. 90 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: colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 17 - 1886

7. AGE: Years 42 | Months 9 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labour
(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): N Caroline

PARENTS

10. NAME OF FATHER: Sil Perry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): N Caroline
12. MAIDEN NAME OF MOTHER: Fannie Gill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): unknown

14. INFORMANT: Rosa Perry
(Address) 1605 Glasgow

15. FILED: [illegible] -8 1929 19 Max C Starkey Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1 - 4 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-31-28, 19..., to 1 - 4 - 1929, that I last saw ~~before~~ alive on 1 - 4 - 1929, and that death occurred, on the date stated above, at 5 55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia, Aortic Insufficiency
108
92A
97A
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Acute Myocarditis
(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED? 1010
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Erskine D. Johnson, M. D.
, 19 (Address) 3100 Lucas, Ave.

*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: Greenwood
DATE OF BURIAL: Jan 8 1929

20. UNDERTAKER: Dement-son
ADDRESS: 2700 Wash