

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Castor
City (No. _____) _____

Registration District No. 837
Primary Registration District No. 6099

File No. 5074
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Emmer Perry

(a) Residence. No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 36

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeping
(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) St. Louis

10. NAME OF FATHER John B. Ablin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Walter Perry
(Address) appt. of Mrs. J

15. FILED Jan 18 1929 Edward J. Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-18 1929

17. I HEREBY CERTIFY that I attended deceased from Jan 12, 1929, to Jan 18, 1929, and that I last saw him alive on Jan 18, 1929, and that death occurred, on the date stated above, at 19 o'clock m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branch pneumonia
11A
107A

(duration) yrs. mos. 10 da.

CONTRIBUTORY Influenza (SECONDARY) (duration) yrs. mos. 12 da.

18. WHERE WAS DISEASE CONTACTED at place of death
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Edward Ford, M. D.

, 19 (Address) Boonville, Mo.

*State the DISEASE CAUSING DEATH, or in death 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

Walton cemetery 1-20 1929

20. UNDERTAKER ADDRESS J. A. Childs Boonville

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.

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