

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.

MAR 25 1929

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

Do not use this space.

7585

1. PLACE OF DEATH

County Osage Registration District No. 689
 Townships Georgia Primary Registration District No. 3033
 City Louisiana No. 213 2 main St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 213 2 main 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 Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-4-57

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>11</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lee Co Ia
 (STATE OR COUNTRY)

10. NAME OF FATHER Reese Perrod

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

12. MAIDEN NAME OF MOTHER Sarah Emmett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind
 (STATE OR COUNTRY)

14. INFORMANT John Perrod
 (Address) Louisiana Mo

15. FILED 7/5-29 1929 P. O'Neally REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-4-1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929, to Feb 4, 1929 that I last saw him alive on 2-4-1929, and that death occurred, on the date stated above, at 9:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of lower jaw & tongue
45B
45D (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Cancer of lower jaw & tongue
 (duration) same yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) J. C. Deckerlin, M. D.
7/5, 1929 (Address) Louisiana Mo

*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 Revere Louisiana Mo DATE OF BURIAL 7/6 1929

20. UNDERTAKER P. O'Neally ADDRESS Louisiana Mo

237
2
51
2

29-24
57-54
10-11-0

