SEP 25 1929
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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.

1. PLACE OF DEATH
County Greene — Registration District No. 325 — File No. 27517
Township Walnut Grove — Primary Registration District No. 3456 — Registered No.
City do do (No. ..... St. ..... Ward)

2. FULL NAME Laura Temperance Perryman
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Female
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 J. A. Perryman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-4-1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69		26	

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

9. BIRTHPLACE (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Johnathan Harper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Wilma Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn

14. INFORMANT Myrtle Hackins
(Address) Walnut Grove Mo

15. FILED 8-30, 1929 L. E. McClure M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August-30-1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1929, to Aug 30, 1929, that I last saw her alive on Aug 20th, 1929, and that death occurred, on the date stated above, at 5 ~~30~~ 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 100
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms
(Signed) L. B. Smith, M. D
8-30, 1929 (Address) Walnut Grove 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: Little Cemetery, Ozark Co. Mo
DATE OF BURIAL: 8/31 1929

20. UNDERTAKER: J. A. Brim Sons
ADDRESS: Walnut Grove Mo

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