54

JAN 31 1930

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 461
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County La Fayette — Registration District No. 5625 — File No. 100 41236
Township Lexington — Primary Registration District No. ~~461~~ — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Joseph Perry
(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: 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~~ Sarah E. Perry

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

7. AGE: About 90 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER John Perry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Probably England

14. INFORMANT Mrs. S. E. Perry
(Address) Lexington Mo

15. FILED Dec 7, 1929 J. D. Cope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 22nd, 1929, to Dec 7, 1929, that I last saw him alive on Dec 5 1929, and that death occurred, on the date stated above, at 4:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
97
164
..... (duration) 20 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senile
..... (duration) — yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. B. Watts, M. D.
Dec 7, 1929 (Address) Wellington 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: Lexington Mo — DATE OF BURIAL: Dec 9 1929

20. UNDERTAKER: Ernest Fegert — ADDRESS: Lexington Mo