

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 27 1930

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

Do not use this space.

41258

1. PLACE OF DEATH

County *Livernice*
Township *Lincoln*
City *Millersburg*

Registration District No. *469*
Primary Registration District No. *3300*

File No.
Registered No. *220*
St. Ward)

2. FULL NAME

Mrs. Martha Perigo
(a) Residence. No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jose A. Perigo</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Feb 26 - 1856</i>		
7. AGE	YEARS <i>73</i>	MONTHS <i>9</i>
	DAYS <i>15</i>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *At Home*
(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)

Indiana

10. NAME OF FATHER

John H. Denton

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

Indiana

12. MAIDEN NAME OF MOTHER

Sarah Odell

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

Mo. R.F.D.

14. INFORMANT (Address)

Emma Orr
Millersburg Mo. R.F.D.

15. FILED

1-17-30
W. S. Barry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 11th 1929*
17. I HEREBY CERTIFY, That I attended deceased from *Nov 15th 1929*, to *Dec 7th 1929* that I last saw him alive on *Dec 7th 1929*, and that death occurred, on the date stated above, at *7 PM* p.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes
57
87 D

(duration) yrs. mos. ds.
CONTRIBUTORY *Paralytic Condition*
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Dr. A. Holmes* M. D.
19 (Address) *Millersburg 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

Mill Vernon Loc. 7

DATE OF BURIAL

12/13 1929

20. UNDERTAKER

Geo. B. Orr

ADDRESS

Mill Vernon

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.

31

