

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

Do not use this space.

12870

1. PLACE OF DEATH U.S.V.Hosp.

County Jackson

Registration District No. 500

File No. \_\_\_\_\_

Township Kaw

Primary Registration District No. 1002

Registered No. 1700

City Kansas City, Mo.

(No. U.S. Veterans Hospital St. \_\_\_\_\_ Ward)

2. FULL NAME PERET, James Henry

C-None WCE

(a) Residence. No. 1017 Holmes St. St. \_\_\_\_\_

Ward. Pvt. Co. H. 15 Reg. Inf.

(Usual place of abode) Kansas City, Mo.

(If nonresident, give city or town and State)

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      4. COLOR OR RACE      5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

White

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10, 1875

7. AGE      YEARS      MONTHS      DAYS      IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

54      9      14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oregon,  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown Victor N. Peret

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

12. MAIDEN NAME OF MOTHER Unknown  
Mary E. Shute

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Unknown Indiana

14. INFORMANT Hospital Records  
(Address) U.S. Veterans Hosp

15. FILED 4/24, 19 36 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 24, 19 30

17. I HEREBY CERTIFY, That I attended deceased from November 21, 19 29 to April 24, 19 30 that I last saw him alive on April 24, 19 30, and that death occurred, on the date stated above, at 5:45 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

V.H.D. Mitral and Aortic

CONTRIBUTORY Chr. Interstitial Nephritis  
(SECONDARY) (duration) 1 or more yrs. mos. ds.

(duration) 1 or more yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam., X-ray, and laboratory

(Signed) W.E. CHAMBERS, Med. Officer in Charge

U.S. Veterans Hospital, Kansas City, 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 Grenada, Kansas DATE OF BURIAL 4-25-30 19

20. UNDERTAKER J. E. Roderick ADDRESS Wetmore, Kansas

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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