

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

Do not use this space.

19697

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township KAW Primary Registration District No. 1002  
 City Kansas City, Mo. (No. General Hospital St.          Ward         )

File No.           
 Registered No. 2000

2. FULL NAME Golden Perry  
 (a) Residence, No. 318 1/2 East 12th Street 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. 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 Elsie Perry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 16, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
25 3 4

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

9. BIRTHPLACE (CITY OR TOWN) Huntington,  
 (STATE OR COUNTRY) W. Va.

10. NAME OF FATHER James Perry  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 12. MAIDEN NAME OF MOTHER Martha Gilmore  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Coroner's Record  
 (Address) Kansas City Mo

15. FILED 6/30, 19 30 M. M. Coroner  
 REGISTRAR         

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20, 1930

17. I HEREBY CERTIFY, That I attended deceased from         , 19          to         , 19         , and that I last saw h.          alive on         , 19         , and that death occurred, on the date stated above, at          m.

17A THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Alcoholism  
Vermin of a foreign  
accusation  
 (duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF           
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) Stanley M. Hale, M. D.  
6 19 30 (Address) Deputy Coroner

\*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 June 30 Maple Hill DATE OF BURIAL 6/30/30

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS          City         

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.

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