

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

Do not use this space.

889

1. PLACE OF DEATH

39 County Greene Registration District No. 316
 1 Township Boyal Primary Registration District No. 4191
 6 City Ash Grove (No. 1) St. _____ Ward _____

File No. _____
 Registered No. 2

2. FULL NAME

William J Perryman
 (a) Residence. No. _____ St. _____ Ward. _____
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/12/1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>7</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Labor 239
 (b) General nature of industry, business, or establishment in which employed (or employer). _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ash Grove Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER W J Perryman

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

12. MAIDEN NAME OF MOTHER Harriet E Barber

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

14. INFORMANT W J Perryman
 (Address) Ash Grove Mo

15. FILED 4/5 1931 D. Charles Orr
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov _____, 1930, to Jan 3 _____, 1931, that I last saw him alive on Jan 3 1931 and that death occurred, on the date stated above, at _____ p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myo Cardial degeneration
Thorac Aortic aneurism
34
96 (duration) 2 yrs. mos. ds.
34

CONTRIBUTORY Lues
 (SECONDARY) (duration) 34 yrs. mos. ds.

18. WHERE AND DISEASE CONTRACTED 34

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Lab
 (Signed) Chas H McHaffee M. D.

15 - 1931 (Address) Fish 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 Ash Grove Cemetery DATE OF BURIAL 14 1931

20. UNDERTAKER W. S. Smith ADDRESS Ash Grove Mo

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. **PPHVA 1111**

