

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.

MAR 27 1931

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

Do not use this space.

1. PLACE OF DEATH
 87 County Rolls Registration District No. 426
 2 Township New London Primary Registration District No. 4432
 3 City New London (No. _____) St. _____ Ward _____

2. FULL NAME
 (a) Residence, No. _____ 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.

File No. 6682

Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF New Perrygo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1862

7. AGE YEARS <u>68</u>	MONTHS <u>4</u>	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as housewife 23
 sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 1

FATHER
 13. NAME Richard Ross
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va 2

MOTHER
 15. MAIDEN NAME Emily Perrygo
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) William Perrygo New London Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Berks DATE 2/20 1931

19. UNDERTAKER (ADDRESS) Wm. Rogers New London Mo

20. FILED 3-10 1931 Salvador Casan Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to _____, 1931

I last saw her alive on _____, 1930 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular Hypertension Date of onset _____
958
32H

Other contributory causes of importance: nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. J. Waters M. D.
 (Address) New London

