

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

Do not use this space.

12946

**1. PLACE OF DEATH**

County Vernon  
Township Washington  
City (No. 1)

Registration District No. 875  
Primary Registration District No. 6162

File No. \_\_\_\_\_  
Registered No. 83  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mary Perry

(a) Residence, No. State Hospital #3 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 1 2

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

9. BIRTHPLACE (CITY OR TOWN) Pa  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER Fredine Kissel  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Sarah Milledomly  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa  
(STATE OR COUNTRY)

14. INFORMANT State Hospital #3  
(Address)

15. FILED 4/8/31 E. R. King  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1931

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1929, to March 4, 1931, that I last saw her alive on March 4, 1931, and that death occurred, on the date stated above, at 5:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

925  
90 ch. Myocarditis  
167 (duration) 1 yrs. + mos. + ds.  
CONTRIBUTORY Senile Psychosis  
(SECONDARY) (duration) 1 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? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) H. Sugenoff, M. D.  
March 4, 1931 (Address) State Hospital #3

\*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 State Hospital cemetery DATE OF BURIAL March 6 1931

20. UNDERTAKER Perry Funeral Home ADDRESS Keokuk

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.

APR 07 1931

