

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

Do not use this space.

13497

1. PLACE OF DEATH

County Chariton
Township Salisbury
City Salisbury

Registration District No. 175
Primary Registration District No. 5243

File No. _____
Registered No. 28
St. _____ Ward) _____

2. FULL NAME

Carrie Perry

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo Perry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-10-1881</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>11</u>
	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>835</u>	
	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) <u>mo 1</u>		
MOTHER FATHER	13. NAME <u>Wm McKee</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland 15</u>	
	15. MAIDEN NAME <u>Martha Fields</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana 2</u>	
17. INFORMANT (ADDRESS) <u>Geo. Perry Salisbury mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Summer mo</u> DATE <u>4-24 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Winkelmeier Bros Salisbury mo</u>		
20. FILED <u>4/23 1931</u> <u>Coastland</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-21 1931, to 4-23 1931.
I last saw her alive on 4-21 1931. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:
apoplexy
82A 82a

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. S. Perkins, M. D.
(Address) Salisbury mo

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

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.

MAY 2 1931

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