

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 1 1931

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

Do not use this space.

13520

1. PLACE OF DEATH
 County Clark Registration District No. 191
 Township Luray Primary Registration District No. 4114
 City Luray (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Jane 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>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. Perry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 13 1853</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>2</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>335</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</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>Sue City, Mo.</u>		
13. NAME <u>Stephen Bradford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Margaret Mumford</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs. Mary E. Steffey</u> (ADDRESS) <u>Chicago Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Combs, Ce.</u> DATE <u>Apr. 2, 1931</u>		
19. UNDERTAKER <u>Luttig's Undertaking</u> (ADDRESS) <u>214 W. Gay St. Luray, Mo.</u>		
20. FILED <u>April 3, 1931</u> <u>R. G. Callahan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1931, to March 31, 1931
 I last saw him alive on March 31, 1931. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Gastro Enteritis

Other contributory causes of importance:
Senility

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) R. G. Callahan, M. D.
 (Address) Luray Mo.

