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

Do not use this space.

14829

1. PLACE OF DEATH

County Linn — Registration District No. 503

Township Parson Creek — Primary Registration District No. 4306

City Meadville Mo (No. ..... St. ..... Ward)

File No. .....

Registered No. 48

2. FULL NAME John 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.

MAY 25 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Perry

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 14/1860

7. AGE: Years 70 | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Bracksmith 93C

(b) General nature of industry, business, or establishment in which employed (or employer): 133C

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davis Co. Mo. 1

PARENTS

10. NAME OF FATHER: Jno. Perry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo. 1

12. MAIDEN NAME OF MOTHER: Jane Perry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Davis Co. Mo.

14. INFORMANT (Address): Mrs. Mary Beach

15. FILED 4-13, 1931 E F Weir REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 13th, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to April 13, 1931, that I last saw H.M. alive on March 1, 1931, and that death occurred, on the date stated above, at 5 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Heart muscle degeneration + Kidney disease

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 93C

..... (duration) ..... 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 + Lab

(Signed) E F Weir, M. D

4-13, 1931 (Address) Meadville 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: Meadville

DATE OF BURIAL: Apr 15 1931

20. UNDERTAKER: Smiley Brothers

ADDRESS: Meadville

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.

JUN 8 1945