

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

Do not use this space.

18052

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
No. Vineyard Park Hospital

File No. \_\_\_\_\_  
Registered No. 2113  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Herman Perry D  
(a) Residence. No. 2716 Quincy St. 14 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 21 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mts.  
33 3 22

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Salesman 178  
(b) General nature of industry, business, or establishment in which employed (or employer) for Elliott Bros Co  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Baptist Herman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Sophia Gradyan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

14. INFORMANT Loeli Herman (Address) 2716 Quincy

15. FILED 5/14 31 M. McKenroe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1931

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to May 14, 1931 that I last saw him alive on 5-13, 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General Peritonitis

(duration) yrs. mos. 4 ds.  
CONTRIBUTORY (SECONDARY) Perpetrated duodenal ulcer (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 12 - 31

19. WAS THERE AN AUTOPSY? \_\_\_\_\_ WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. Shelton M. D.

(Address) Box 114 5-14, 1931

\*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 McMoriah Cemetery DATE OF BURIAL May 15 1931

20. UNDERTAKER John J. Sheehan ADDRESS 4316 Trost Ave - 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.

Percy D. Herman  
Dr John G. Sheldon

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