

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

Do not use this space.

20796

1. PLACE OF DEATH

County Carroll
Township Carrollton
City Carrollton (No.)

Registration District No. 135
Primary Registration District No. 20005788

File No.
Registered No. 60
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Mary E. Snider Perretton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-30-1857</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min. <u> </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, <u> </u>		

OCCUPATION	10. Date deceased last worked at this occupation (month and year) <u> </u>	11. Total time (years) spent in this occupation <u> </u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll County, Mo.</u>	
FATHER	13. NAME <u>Michael Perretton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
MOTHER	15. MAIDEN NAME <u>Martha Brand</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT (ADDRESS) <u>Michael Perretton, Carrollton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>6-22-1931</u>		
19. UNDERTAKER (ADDRESS) <u>Standley, Carrollton, Mo.</u>		
20. FILED <u>6-22-1931</u> <u>Mrs. E. P. Farabee</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-1931

22. I HEREBY CERTIFY, That I attended deceased from 1930, to June 1931

I last saw him alive on May 1931 Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:
pancreas (left)

132A
0:0

Date of onset April 1930

Other contributory causes of importance:
Bright Disease 1930

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?
If so, specify

(Signed) Chas. E. Ansel, M. D.
(Address) Carrollton, Mo.

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

N. B.—Every item of information should be carefully applied. 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.

JUL 23 1931

RESERVED FOR OTHER USE

S. NO. 2.

