

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

Do not use this space.

22555

1. PLACE OF DEATH
 County St. Clair Registration District No. 770 File No. _____
 Township Paher Primary Registration District No. 6016 Registered No. 8
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Bonny Jean Perinton
 (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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17-1931</u>		
7. AGE	YEARS <u>—</u>	MONTHS <u>3</u>
		DAYS <u>2</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>None</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paherville, Mo.</u>		
FATHER	13. NAME <u>John C. Perinton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paherville, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Minnie Cook</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermontown, Missouri</u>	
17. INFORMANT (ADDRESS) <u>J. C. Perinton, Paherville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paherville, Mo.</u> DATE <u>June 20th 1931</u>		
19. UNDERTAKER (ADDRESS) <u>J. C. Perinton, Paherville, Mo.</u>		
20. FILED <u>June 20, 1931 Georgia F. Davidson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1931

22. I HEREBY CERTIFY, That I attended decedent from 4-18, 1931, to 6-19, 1931. I last saw her alive on 6-19, 1931. Death is said to have occurred on the date stated above, at 6:00 p.m.. The principal cause of death and related causes of importance were as follows:
Marasmus
158-158

Date of onset From Birth
7-21
17-21

Other contributory causes of importance: _____

Name of operation None Date of X

What test confirmed diagnosis? Symptom. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury X, 1931
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None

(Signed) G. W. Richardson, M. D.
 (Address) 19 Jefferson St.

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.

WRITE PLAINLY WITH OBLIQUE WRITING IN THIS SPACE

JUL 28 1931

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