

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

Do not use this space.

1. PLACE OF DEATH

County DeKalb
Township Clay
City _____ (No. _____ St. _____ Ward)

Registration District No. V87
Primary Registration District No. 5405

File No. 24669
Registered No. 41

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 2

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 2 hrs. or min. 2 hrs.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) DeKalb County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Oliver Perry

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

12. MAIDEN NAME OF MOTHER Fanny Wilkin

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

14. INFORMANT Oliver Perry
(Address) Forsville Mo.

15. FILED 7-27-31 O. J. Cape REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____ and that death occurred, on the date stated above, at _____ m.

(THE CAUSE OF DEATH* WAS AS FOLLOWS: Respiratory Distress)

CONTRIBUTORY (SECONDARY) 159 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? O. J. Cape (Signed) _____ M. D.

7-27-31 (Address) Forsville

*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 _____ DATE OF BURIAL _____

Wilkins Cemetery July 27 1931

20. UNDERTAKER 711 Daniel Farm Co. Senath Mo. ADDRESS _____

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.

SEP 22 1931

