

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

Do not use this space.

25825

1. PLACE OF DEATH

County Peru Registration District No. 651
Township Little Prairie Primary Registration District No. 5863
City Peru (No.) St. Ward

2. FULL NAME

Perzie Lee Yancy
(a) Residence, No. 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 <u>Male</u>	4. COLOR OR RACE <u>Black</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> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-18-31</u>		
7. AGE	YEARS	MONTHS
		<u>3</u>
		<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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)		
11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>R. G. Yancy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peru</u>		
15. MAIDEN NAME <u>Johnie Lee Yancy</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
17. INFORMANT (ADDRESS) <u>D. S. Cecil Yancy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Taylor cemetery</u> DATE <u>7-8-31</u>		
19. UNDERTAKER (ADDRESS) <u>Peru</u>		
20. FILED <u>July 8 1931</u> <u>Ada Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8-31

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1931, to July 8, 1931.
I last saw him alive on July 7, 1931. Death is said to have occurred on the date stated above, at 3 P. M.
The principal cause of death and related causes of importance were as follows:
Acute ileocolitis
119B
119
Other contributory causes of importance:

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? No
If so, specify
(Signed) J. R. Yancy M. D.
(Address) Canthersville, 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.

29-1-31

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