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 21 193

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

Do not use this space.

27602

1. PLACE OF DEATH

County Buchanan — Registration District No. 86

Township Washington — Primary Registration District No. 5127

City ~~St Joseph~~ (No. R F D #6 St. Joseph Mo. St. Ward)

File No.

Registered No. 60

2. FULL NAME Joseph Louis Perry

(a) Residence, No. R F D #6 St Joseph St., 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 Claude Perry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, ~~1931~~ 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

FATHER

13. NAME Louis Perry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Canada

MOTHER

15. MAIDEN NAME Mary Shaafferad

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Louis L Perry
(ADDRESS) R F D #6 St Joseph Missouri.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Auburn Cemetery
PLACE St Joseph Mo. DATE August 27, 1931

19. UNDERTAKER H. O. Bidenjaden
(ADDRESS) 1802 Union street. St Joseph Mo.

20. FILED Aug 6, 1931 J. J. Banshee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1931, to Aug. 25, 1931.

I last saw him alive on Aug 24, 1931. Death is said to have occurred on the date stated above, at 12:30 A M.

The principal cause of death and related causes of importance were as follows:

Date of onset

46A

Cancer of Esophagus

46A

Other contributory causes of importance:

Hypostatic Bronchial Pneumonia

Name of operation — Date of —

What test confirmed diagnosis? clinical 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) Dlmery H. Trommer, M. D.

(Address) 216 P. S. S. Bldg.