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

Do not use this space.

28502

File No. .....

Registered No. 3630

1. PLACE OF DEATH

County Jackson — Registration District No. .....

Township Kaw — Primary Registration District No. .....

City Kansas City, Mo. (No. 4919 Main St St. ..... Ward)

2. FULL NAME Verne E. Perry

(a) Residence. No. 4919 Main 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar.22,1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	5	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Accountant and Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) LaMar
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Lyman B. Perry

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

12. MAIDEN NAME OF MOTHER Clara E.Stark

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

14. INFORMANT Mullen Perry
(Address) 4919 Main

15. FILED 8/30, 1931 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 29, 1931 19

17.
I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931, to Aug 29, 1931, that I last saw him alive on Aug 29, 1931, and that death occurred, on the date stated above, at 9 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aneurism aorta.
96
(duration) 1 yrs. 6 mos. about ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Nelson J Hawley, M. D
Aug 29, 1931 (Address) 4910 Troost ave

*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
Forest Hill	Aug.31,1931 19

20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons, Inc.	K.C.Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] is very important.

Mrs. Clara Perry