

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

Do not use this space.

30470

1. PLACE OF DEATH

County Barry Registration District No. 31
 Township McDonald Primary Registration District No. 2045-A
 City (No. St. Ward)

File No. _____
 Registered No. 20

2. FULL NAME

Flova May Perry
 (a) Residence, No. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Will Perry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 1 24
 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. House wife
 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) Tenn

FATHER 13. NAME George Webb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Eliza Mizer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Will Perry

18. BURIAL, CREMATION, OR REMOVAL PLACE Asphat DATE 9-3

19. UNDERTAKER (ADDRESS) Blanchenship

20. FILED 7-9-1931 Natty Blanchenship Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 25th 1930 to Sept 2nd 1931

I last saw her alive on Sept 1st 1931 Death is said

to have occurred on the date stated above, at 11:30 a.

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

Periodicities following Abortion
Puerperal peritonitis
145A
 Other contributory causes of importance:

140

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?

If so, specify

(Signed) B. B. Keely M. D.

(Address) Curdy Lane

SEP 21 1931

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

