

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

Do not use this space.

31046

**1. PLACE OF DEATH**

County Greene  
Township Springfield  
City Springfield (No. 947 W. Webster)

Registration District No. 318  
Primary Registration District No. 2001

File No. \_\_\_\_\_  
Registered No. 706  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 947 W. Webster 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 <u>male</u>	4. COLOR OR RACE <u>white</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>Lucy Perry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5 - 1852</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>11</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Stationary Engineer</u>	
	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 _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>		
MOTHER FATHER	13. NAME <u>Frank Perry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Mona Collins</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mr. Lucy Perry, Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield</u> DATE <u>9-29-1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. Higgins &amp; Co, Springfield, Mo.</u>		
20. FILED <u>9-28-1931</u> <u>Tom Sharp</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26-1931

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to Sept 25, 1931  
I last saw him alive on Sept 19, 1931 Death is said to have occurred on the date stated above, at 8:30 m.  
The principal cause of death and related causes of importance were as follows:  
Cancer Liver  
Exhaustion  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Cholecystectomy Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? n

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) C. W. Russell, M. D.  
(Address) Springfield, Mo.

OCT 22 1931

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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