

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

Do not use this space.

38835

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton (No. St. Louis Co. Hospital)

Registration District No. 790
Primary Registration District No. 6033

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Charles E. Perry - Ward. _____
Talley Park Mo. 600071. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-14-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 9 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Iron laborer
(b) General nature of industry, business, or establishment in which employed (or employer) general farm work
(c) Name of employer Neighbor

9. BIRTHPLACE (CITY OR TOWN) Gray, Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Oliver Perry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Marie Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Co Mo

14. INFORMANT Alven Campbell
(Address) 3406 Cambridge - Maplewood Mo

15. FILED Nov 27 1931 H. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1931

17. I HEREBY CERTIFY, That I attended deceased from 11-22, 1931, to 11-23, 1931, that I last saw h./her alive on 11-23, 1931, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Dilation -
gangrene of intestine
11-23-31

CONTRIBUTORY (SECONDARY) strangulated hernia - Post-operative (duration) yrs. mos. da. 4

18. WHERE WAS DISEASE CONTRACTED Home.

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-22-31

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy & Pre Opn.
(Signed) O. P. Jones M. D.

11/25, 1931 (Address) St. Louis County Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL M. E. Cem - Manchester Mo DATE OF BURIAL Nov-28 1931

20. UNDERTAKER Schrader Und. Co ADDRESS Ballwin 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.

DEC 26 1931

1931 - 11-28
1935 - 2-16
1937 - 1-10

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