

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.

APR 23 1932

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

Do not use this space.

7272

1. PLACE OF DEATH
 County Andrew Registration District No. 26
 Township Bethlehem Primary Registration District No. 5034
 City Maple Mo R F D (No. _____) St. _____ Ward _____

2. FULL NAME Samuel Lee Perry
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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. 11 - 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>5</u>	<u>1</u>	<u>5</u>	

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. _____

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) Andrew Co. Mo

13. NAME Walter Perry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Mo

15. MAIDEN NAME Flores Hubbard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Mo

17. INFORMANT Walter Perry (ADDRESS) Maple Mo R F D

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maple Mo DATE March 19 1932

19. UNDERTAKER W. S. Miller (ADDRESS) Maple Mo

20. FILED March 17th 1932 Jna S. Milligan Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13 1932 to March 16 1932
 I last saw him alive on March 16 1932 Death is said to have occurred on the date stated above, at 11:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Whooping Cough 5 wks. Duration
Septic Pertussoid
meningitic Pneumonia
 Date of onset _____

Other contributory causes of importance? None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) Est. W. Berry, M. D.
 (Address) Maple Co Mo

