

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

Do not use this space.

9469

1. PLACE OF DEATH

76 County Case Registration District No. 640
Township Crowfoot Primary Registration District No. 5849
City (No.) St. Ward)

2. FULL NAME Anne Elizabeth Percy

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Ruben Percy
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17 1860
7. AGE YEARS MONTHS DAYS 72 1 3 LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment which employed (or employer)

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

10. NAME OF FATHER George Bamhoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) 10

12. MAIDEN NAME OF MOTHER Elizabeth Patton

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

14. INFORMANT Peter Ruben Percy
(Address) Linn Mo.

15. FILED 3-21-32 Mrs Don Jett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1932
17. I HEREBY CERTIFY, That I attended deceased from Feb 18 1932 to March 20 1932
that I last saw her alive on Feb 29 1932, and that death occurred, on the date stated above, at 4:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pericarditis
92A
Several years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE COMPLETED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. B. Cooper, M. D.
(Address) Linn Mo.

*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 Linn Mo
DATE OF BURIAL 3-21 1932

20. UNDERTAKER

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

APR 28 1932

