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.

MAY 28 1932

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1170 — File No. 13919

7 Township Central — Primary Registration District No. 6248 H — Registered No. 94

7 City Richmond Heights (No. St. Marys Hospital, Clayton Road St. ..... Ward)

2. FULL NAME John Cole Perry

(a) Residence. No. 714 E. Big Bend Rd. St., ... Ward. Webster Groves, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Jennie L Perry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	6	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Neighborhood shoe shop

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) - - - - - 2
(STATE OR COUNTRY) Massachusetts

PARENTS

10. NAME OF FATHER Edward Perry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Auburn, Maine
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Cole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Turner, Maine
(STATE OR COUNTRY)

14. INFORMANT Mrs. Jennie L Perry (wife)
(Address) 714 E. BigBend, Webster Groves

15. FILED 4/20 1932 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 10:PM

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 18 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1932, to April 18, 1932 that I last saw him alive on April 18, 1932, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Nephritis — 131

Chr. Myo. Carditis 930

(duration) ..... yrs. ..... mos. 95 ds.

CONTRIBUTORY (SECONDARY) Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1 ①

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) W. F. Dinolley, M. D.

4/20, 1932 (Address) Webster Groves 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	DATE OF BURIAL
Valhalla Cemetery St. Louis County, Mo.	Apr. 21 1932
20. UNDERTAKER	ADDRESS
Allen W. McLaughlin	Webster Grs. Mo.