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.

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

Do not use this space.

18351

97

1. PLACE OF DEATH
County Saline
Township Marshall
City ~~Marshall, Mo.~~ (No. ..... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 6039

File No. .....
Registered No. 2

2. FULL NAME Charles H. Perry

(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: 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) Dec 24, 1858

7. AGE: YEARS 73 | MONTHS 5 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

FATHER
13. NAME Meredith Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ohio. 2

MOTHER
15. MAIDEN NAME Nancy Barton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio.

17. INFORMANT (ADDRESS) Mrs La Rue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olive Cemetery DATE May 7, 1932

19. UNDERTAKER (ADDRESS) J. L. Sweeney Marshall, Mo.

20. FILED 5-6-, 1932 A. C. Putnam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932 to May 5, 1932
I last saw him alive on May 5, 1932. Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
93C	
1110 93C	

Other contributory causes of importance: ①
Oedema Lungs. 5/3/32

Name of operation no. Date of .....
What test confirmed diagnosis? Clinical 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) [signature], M. D.
(Address) Marshall Mo.