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

Do not use this space.

34735

1. PLACE OF DEATH
County: Benton
Township: Lincoln
City: ... No. ... St. ... Ward)
Registration District No. 61
Primary Registration District No. 5097
File No.
Registered No. 30

2. FULL NAME: John L. Perry
(a) Residence. No. R.F.D. Lincoln, Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 75 yrs. 5 mos. 23 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): married

5a. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Kate Perry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28, 1857

7. AGE: Years 75 | Months 5 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DEASCED
(a) Trade, profession, or particular kind of work: Farmer 82A 87D
(b) General nature of industry, business, or establishment in which employed (or employer): Owned farm 97
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Benton Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Chas. Perry
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ...
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Helen Olff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Germany

14. INFORMANT: Mack Graves
(Address): R.F.D. Warsaw, Mo.

15. FILED 11/23 1932 Jas A. Logan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from August 9, 1932, to Aug. 10, 1932, that I last saw h. alive on Aug 10, 1932, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage with almost complete paralysis
(duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Arteriosclerosis & senility
(duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: ...
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. E. Bennett, M. D.
11/21, 1932 (Address) Lincoln, 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: Sunnyside Cemetery | DATE OF BURIAL 19

20. UNDERTAKER: J. B. Calbert, Lincoln, Mo. | ADDRESS

WRITE PLAINLY, WITH FADING 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.