

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.

## 33 1. PLACE OF DEATH

County De WittTownship Current

City

(No. \_\_\_\_\_)

Registration District No. 1035Primary Registration District No. 5371File No. 39078Registered No. 1

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Louis Ann 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

female

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 OFR. L. Perry6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1879/5/17

7. AGE

YEARS

32

MONTHS

6

DAYS

23

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.housewife9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.23510. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)De Witt Co

FATHER

13. NAME

Jacob Schaffer14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ind

MOTHER

15. MAIDEN NAME

Francis Reed16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)De Witt Co17. INFORMANT  
(ADDRESS)R. L. Perry

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Berkeley

DATE

12/17/193219. UNDERTAKER  
(ADDRESS)W. J. Brown

20. FILED

12/141932J. A. Kusack

Registrar

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 13, 193222. I HEREBY CERTIFY That I attended deceased from  
December 6, 1932, to December 13, 1932I last saw him alive on December 13, 1932. Death is saidto have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

Acute nephritis superimposed on  
a chronic nephritis

Date of onset

7/13/32

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? urinal findings 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) W. J. Brown

, M. D.

(Address) Salem, Missouri

