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

Do not use this space.

9234

1. PLACE OF DEATH
3 4 County Greene — Registration District No. 318 — File No.
3 Township — Primary Registration District No. 2001 — Registered No. 258
5 City Springfield (No. , 1200 Black Pacific St. Ward)

2. FULL NAME Manville E. Perry

(a) Residence, No. 458 S. Market 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)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE Years 57 Months — Days — If LESS than 1 day, hrs. or min.

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

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) H. T. Lohmeyer. Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield, Mo. DATE 3-28 1933

19. UNDERTAKER (ADDRESS) H. T. Lohmeyer. Springfield Mo.

20. FILED 3-28 1933 Ralph W. Langston Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from dead, 19, to , 19
I last saw him alive on Mar 20, 1933 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Cause of Death - Dr. As follows
Found on Frisco Rail Road track - Run over by freight train, on Side Switch track near Union Stock yards Springfield Mo

Date of onset

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? 243

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury , 19
Where did injury occur? R. R. yards (Frisco) (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?
If so, specify
(Signed) W. A. Uhlberger, ~~M. D.~~
(Address) Acting Coroner Springfield, Missouri

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.

APR 21 1933

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