

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

Do not use this space.

**25354**

**1. PLACE OF DEATH**

103 County Stoddard  
Township St  
City..... (No.....) St..... Ward)

Registration District No. 836  
Primary Registration District No. 6099a

File No. 33  
Registered No. 33

**2. FULL NAME**

Lewis Deleano Perry

(a) Residence, No. .... St., .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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)  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28<sup>th</sup> 1933  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— — 2 23

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

FATHER  
13. NAME Edgar Perry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER  
15. MAIDEN NAME Sarah Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Dick Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Berrie Mo DATE July 22 33

19. UNDERTAKER (ADDRESS) B. M. Hopkins Berrie Mo

20. FILED July 22 1933 Florence Allen Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21<sup>st</sup> 1933  
22. I HEREBY CERTIFY That I attended deceased from May 1<sup>st</sup> 1933 to July 21 1933  
I last saw him alive on July 15<sup>th</sup> 1933 Death is said to have occurred on the date stated above, at 9 P m.  
The principal cause of death and related causes of importance were as follows:

Cholera Infantum Date of onset  
119A  
119B  
Other contributory causes of importance:

Name of operation — Date of —  
What test confirmed diagnosis? — 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? —  
If so, specify —  
(Signed) [Signature] M. D.  
(Address) Berrie Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 2 6 1933

Male

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