

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

Do not use this space.

**26745**

**1. PLACE OF DEATH**

County Jasper Registration District No. 408  
Township Clinton Primary Registration District No. 5562  
City Castroville - Route 3 St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(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 4 1/2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ells Mae Perry</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 31, 1882</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>2</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Ferrier  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Castroville Illinois

PARENTS

10. NAME OF FATHER <u>James P. Perry</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Castroville Ohio</u>
12. MAIDEN NAME OF MOTHER <u>Emeline Dyer</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Castroville Ohio</u>

14. INFORMANT (Address) Mrs. Elmer Perry Route 3 - Castroville

15. FILED Aug 3, 1933 S. B. Colinton REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1933

17. I HEREBY CERTIFY, That I attended deceased from July 17 1933 to Aug 2 1933 that I last saw him alive on Aug 2, 1933, and that death occurred, on the date stated above, at 8:20 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute cardiac dilatation due to myocarditis with acute insufficiency  
(duration) 2 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) 9 1/2 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) A. A. Webster M. D.

Aug 3, 1933 (Address) Castroville 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

DATE OF BURIAL

Park Cemetery Aug 4, 1933

20. UNDERTAKER

ADDRESS

Good Mortuary Castroville

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.

AUG 2 8 1933

