

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

Do not use this space.

38273

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 093  
 City..... (No. ....) St. .... Ward)

**2. FULL NAME**

Adela Perry  
 (a) Residence, No. 3208 Delmar St. 21 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 Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Perry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 - 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
40 1 18

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel  
 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) Des Moines Iowa

FATHER  
 13. NAME George Renfro

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

MOTHER  
 15. MAIDEN NAME Andonette Pullisau

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

17. INFORMANT (ADDRESS) Dora Havard

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 11-20 1933

19. UNDERTAKER (ADDRESS) Edmett Toney Co

20. FILED NOV 17 1933 J. J. Bredick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1933 to Nov 14 1933  
 I last saw h. alive on Nov 13 4:45 PM Death is said to have occurred on the date stated above, at 8 AM

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

Myocardial insufficiency  
92 B  
112  
 Other contributory causes of importance: Asphyxia

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

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? 7 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 2  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Admitted  
 (Signed) W. H. Ladd M.D.  
 (Address) 7005 N. Jefferson

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.

7/14/33

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