

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

Do not use this space.  
**40237**  
**5045**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 21005  
City N. O. Gro (No. 2212 Lester, Ave, St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

(a) Residence, No. 2212 Lester 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 <u>Female</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>Wm. E. Perry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-15-1882</u>		
7. AGE	YEARS	MONTHS
	<u>51</u>	<u>1</u>
		DAYS
		<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, .....hrs. or .....min.
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) <u>Mo.</u>		
13. NAME <u>No Record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <u>No Record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Wm. E. Perry, 2212 Lester, N.O. Gro</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>12/26/33</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. C. Lester, 918 Broadway, Ave,</u>		
20. FILED <u>Dec 24, 1933</u> <u>m. Ingrave</u> <u>asst Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-23-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1933, to Dec 23, 1933  
I last saw h. e. alive on Dec 23, 1933 Death is said to have occurred on the date stated above, at 3:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 12/18/33  
108  
Other contributory causes of importance:  
Acute Bronchitis  
108  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cultural 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? \_\_\_\_\_ (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) D. E. Green M. D.  
(Address) 4804 E. 95th, N. O. Gro.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 26 1934

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4800 E-24

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