

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.

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

Do not use this space.

11820

MAY 25 1934

1. PLACE OF DEATH

County Andrew
Township Union
City Union (No. 200)

Registration District No. 26
Primary Registration District No. 3002

File No. 47
Registered No. 47
St. Union Ward

2. FULL NAME Miss Riggie M. Perry

(a) Residence, No. 322 N. Western Ave Ward. 2
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 - 1897

7. AGE YEARS 36 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House mother
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) Union, Mo. (STATE OR COUNTRY)

13. NAME Ryan Murphy
14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Louise Reed

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

17. INFORMANT Wm. H. Perry (ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berea Church DATE Apr. 11

19. UNDERTAKER McPherson Bros (ADDRESS) Union, Mo.

20. FILED April 11 - 1934 Blanche Keely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20 1934 to April 9 1934

I last saw him alive on April 9 1934. Death is said to have occurred on the date stated above, at 3 A. M.

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

Chronic Bronchitis Date of onset Several yrs
106 lbs
106 to

Other contributory causes of importance: Arterio-Sclerosis yes

Name of operation T. Clinical Date of Apr. 10

What test confirmed diagnosis? Clinical 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 _____

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) A. R. Rodes, M. D.

(Address) Union, Mo.

