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.

100M-11-24-33

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

SEP 29 1934

Do not use this space.

30182

1. PLACE OF DEATH
County New Madrid
Township Anderson
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 55
Primary Registration District No. 6262

File No. 10
Registered No. 1049

2. FULL NAME Willie Louise Perry

(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 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) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13-1933

7. AGE YEARS MONTHS 11 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

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) New Madrid Co.

FATHER
13. NAME Norton Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Port Ark.

MOTHER
15. MAIDEN NAME Beulah Wattles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Norton Perry Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden Mo DATE 8-11 1934

19. UNDERTAKER (ADDRESS) None

20. FILED 8-11 Sept 10 1934 M.V. Mumma Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11- 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1934, to Aug 9, 1934
I last saw him alive on Aug 9, 1934. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

Malarial fever. Date of onset July 1
38
1946

Other contributory causes of importance
Neglect.

38

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? —
(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) Graydon Pachtman, M.D.
(Address) Malden