

JAN 16 1935

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

Do not use this space.  
42535  
File No. \_\_\_\_\_  
Registered No. 88

1. PLACE OF DEATH

County Rueppel  
Township Saline  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 290  
Primary Registration District No. 5208

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

J. C. 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1883

7. AGE YEARS 51 MONTHS 9 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Widow

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Stoddard County (STATE OR COUNTRY) Mo

13. NAME Joie Perry

14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Letha Smith

16. BIRTHPLACE (CITY OR TOWN) Stoddard County (STATE OR COUNTRY) Mo

17. INFORMANT B. G. Hard (ADDRESS) Senath, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Senath, Mo DATE Dec 21, 1934

19. UNDERTAKER McDaniel Funeral Home (ADDRESS) Senath, Mo

20. FILED 1-1 1935 14 W. P. Rade Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/18 1934 to 12/20 1934

I last saw him alive on 12/20 1934. Death is said to have occurred on the date stated above, at 12:30 P. m.

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

Influenza Pneumonia Date of onset 11/11

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_ 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 no injury Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) A. Glenn Davis, M. D. (Address) Senath, Mo

