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.

APR 25 1935

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

Do not use this space.

File No. 11452

Registered No. 104

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Perry W. Blow

(a) Residence, No. Prairie Du Rocher St., Ward. Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF ------- Ludwina Blow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	11	9	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) February 1935

11. Total time (years) spent in this occupation Unavail

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie Du Rocher Illinois

FATHER

13. NAME William Blow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie Du Rocher Illinois

MOTHER

15. MAIDEN NAME Lucy Grassenger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie Du Rocher Illinois

17. INFORMANT Frank T. Duffy, M.D. (ADDRESS) Act. Chief Medical Officer

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Bud, Ill. DATE March 21, 1935

19. UNDERTAKER Albert H. Hoppe (ADDRESS) 429 N. Euclid

20. FILED March 19, 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935 to March 19, 1935

I last saw him alive on March 19, 1935 Death is said to have occurred on the date stated above, at 12:20 p.m.

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

	Date of onset
Appendicitis, acute ruptured with generalized peritonitis	3-8-35
Paralytic ileus secondary to generalized peritonitis.	3-16-35

Other contributory causes of importance:

Name of operation Appendectomy Date of 3-13-35

What test confirmed diagnosis? Physical exam., clinical manifestations Was there an autopsy? No. laboratory and operative findings.

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) Frank T. Duffy, M.D., M. D.

(Address) Act. Chief Medical Officer