MAY 2 4 1935

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 12757
Township [illegible] — Primary Registration District No. 002 — Registered No. 1448
City Kansas City, Mo. (No. 2726 Park St. Ward)

2. FULL NAME Henry Ford Perdue
(a) Residence, No. 2726 Park 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Perdue
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1874
7. AGE YEARS 60 MONTHS 4 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier
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) Kansas

FATHER
13. NAME Henry H. Perdue
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Maude Perdue 2726 Park, K.C.Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Osawatomie, Ks DATE Apr. 6-35, 19
19. UNDERTAKER (ADDRESS) C.H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.
20. FILED 4-4, 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4-35, 19

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Apr. 4, 1935
I last saw him alive on April 4, 1935 10:30 AM. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and Myocardial Degeneration	1933
93	

Other contributory causes of importance:

Coronary Occlusion	1984

Name of operation ..... Date of .....
What test confirmed diagnosis? Electrocardiograph 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) John M. Powers, M. D.
(Address) 3322 E. 27th St.

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.

27th Indiana