

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

Do not use this space.

**OCT 28 1935**

**1. PLACE OF DEATH**

County Lewis

Registration District No. 1160

Township

Primary Registration District No. 4470

City University

No. 838 Pennsylvania St. (Ward)

File No. 31494

Registered No. 95

**2. FULL NAME**

Lillie Perry

(a) Residence, No. 838 Pennsylvania Ward.

(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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 29, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 7 3

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

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) St. Louis Mo

13. NAME John Isler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Katherine Wagner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT M. J. Isler (ADDRESS) 838 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 9/4 1935

19. UNDERTAKER (ADDRESS) Arthur K. Uls

20. FILED Sept. 3, 1935 Lena D. Moeller Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Oct, 1935.

I last saw him alive on Aug. 31, 1935. Death is said

to have occurred on the date stated above, at 12:10 a.m.

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

Chronic Myocarditis Syphilis

Other contributory causes of importance:

Chronic Nephritis

Name of operation

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

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) D. D. Lamb (Address) 751 Metropolitan Bldg.

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.

MARGIN RESERVED FOR BINDING

