

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.

NOV 21 1935

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

Do not use this space.

32329

1. PLACE OF DEATH

County St. Louis Registration District No. 288
 Township Independence Primary Registration District No. 4172
 City St. Louis (No.) St. Ward)

2. FULL NAME

(a) Residence No. J. W. Perry 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 25 Feb 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 ~~58~~ 2 7 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 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) 1925 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS) W. J. Perry

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau DATE Oct 27 1935

19. UNDERTAKER (ADDRESS) J. C. Perry

20. FILED 11/2 1935 W. J. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1935, to Oct 27, 1935
 I last saw him alive on Oct 26, 1935. Death is said to have occurred on the date stated above, at 4.9 m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Aug 10, 35
J. W. Perry
 Other contributory causes of importance: Hypertension Senile

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? no
 If so, specify
 (Signed) W. J. Perry, M. D.
 (Address) 125 Perry St

