

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

Do not use this space.

NOV 26 1935

33509

1. PLACE OF DEATH

County *Madaway*
Township
City *Marysville*

Registration District No. *625-*
Primary Registration District No. *3831*

File No. _____
Registered No. *98*
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 10 - 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 23

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. *Retired*

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) *Marion Missouri*

13. NAME *Joseph Perry*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Angelina Mae*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *West Virginia*

17. INFORMANT *C. E. Bertrand* (ADDRESS) *Rock Port Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rock Port Mo* DATE *Dec 3 1935*

19. UNDERTAKER *C. E. Bertrand* (ADDRESS) *Rock Port Mo*

20. FILED *Dec 3 1935* *Memie C. Clardy* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 3 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July 1935* to *Oct 3 1935*
Last saw h. live on *Oct 2 1935* Death is said to have occurred on the date stated above, at *5 A. m.*
The principal cause of death and related causes of importance were as follows:

(Urinary)
Cancer of Bladder Date of onset *1935*
51

Other contributory causes of importance:
General arteriosclerosis
Bronchial Asthma - Bladder
Name of operation *Cancerization Bladder* Date of *10/1/35*
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? *No*
If so, specify _____
(Signed) *M. A. Mulvane*, M. D.
(Address) *Fairfax Mo*

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.

