

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

Do not use this space.

35014

DEC 2 1935

1. PLACE OF DEATH
County Adair Registration District No. 4
Township _____ Primary Registration District No. 171
City Kirksville (No. _____) St. _____ Ward _____
2. FULL NAME Charles William Perry
(a) Residence, No. Kirksville 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.

File No. _____
Registered No. _____
St. _____ Ward _____

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 Lizzie Bell Perry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-1-1973
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 5 7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
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) Concordia Kansas
13. NAME Ollie H. Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Sarah Goldsberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT M. V. Perry
(ADDRESS) Kirksville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Youngs Pent DATE 11-10-1935
19. UNDERTAKER DeRiley
(ADDRESS) Kirksville, Mo
20. FILED No. 10 31 Spencer K. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1935
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:
Hit by Wabash train # body crushed, instant death. Date of onset _____
Other contributory causes of importance None
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 Accident Date of injury 11-8-1935
Where did injury occur? Wabash Railway Tractor
Kirksville Mo (Specify city, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Wabash Railway right-a-way, Kirksville
Manner of injury Hit by Wabash train
Nature of injury Crushed, instant death.
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) DeRiley coroner M.D.
(Address) Kirksville, Mo.

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.

