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.

MAR 14 1936

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 4746
Township ~~Washington~~ — Primary Registration District No. 1001 — Registered No. 291
City St. Joseph (No. Isolation Hosp St. Ward)

2. FULL NAME Boyd Perry
(a) Residence, No. 1102 South 17th 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Cora
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 21, 1891
7. AGE: YEARS 45 — MONTHS 1 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Ohio unknown

FATHER
13. NAME: James Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio unknown

MOTHER
15. MAIDEN NAME: Beekham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio unknown

17. INFORMANT (ADDRESS): Mrs. Perry 1102 So. 17
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memo. Pk. DATE Feb 29, 1936
19. UNDERTAKER (ADDRESS): Fleeman & Son, Inc. St. Joseph Mo
20. FILED 2-29 1936 John R Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb, 27, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1936, to Feb 27, 1936
I last saw him alive on 2/27 1936 Death is said to have occurred on the date stated above, at 1145 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic Cerebro-Spinal meningitis	2/24/36

Other contributory causes of importance: None

Name of operation Spinal Puncture Date of 2/27/36
What test confirmed diagnosis? Spinal pun. 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, 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) M. H. Tally, M. D.
(Address) 709 Corby Bldg St. Joseph Mo