

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.

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

Do not use this space.

NOV 27 1936

37410

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township

Primary Registration District No. 2001

City Springfield Mo (No. 533 Cherry St)

File No.

Registered No. 89-6

St.

Ward)

2. FULL NAME

(a) Residence, No. 533 Cherry 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. 4 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF J. P. Perryman  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
83 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Greene Co Mo  
(STATE OR COUNTRY)

13. NAME Wm Looney

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

15. MAIDEN NAME Dorcas Looney

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

17. INFORMANT Ella Perryman  
(ADDRESS) 533 Cherry St. Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ash Grove Mo DATE Oct 27 1936

19. UNDERTAKER A. Galbraith Oct 27-36  
(ADDRESS) Ash Grove Mo

20. FILED 10-26 1936  
Ralph E. Sperry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to Oct 25, 1936.  
I last saw her alive on Oct 25, 1936 Death is said

to have occurred on the date stated above, at 12:10 P.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis +  
valvular heart disease  
Date of onset 1/12  
Other contributory causes of importance:  
Senility

Name of operation..... Date of.....  
What test confirmed diagnosis? Chemical 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) Dr. Charles H. Brown, M. D.  
(Address) Ash Grove Mo

