NOV 28 1936

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

Do not use this space.

38060

1. PLACE OF DEATH
County: Jasper — Registration District No.: 411 — File No.:
Township: Sarcoxie — Primary Registration District No.: 2002 — Registered No.:
City: Joplin (No. St. Johns Hospital St. Ward)

2. FULL NAME: Harold James Perry
(a) Residence, No. 11 3rd ave N.W. St., Ward. Miami Okla.
(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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8/2/1933

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
3	3	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Child
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): Miami, Okla.

FATHER
13. NAME: Harold James Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pate Okla

MOTHER
15. MAIDEN NAME: Edith Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eureka Springs Ark

17. INFORMANT (ADDRESS): Father

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Miami Okla. DATE: 10-18-36

19. UNDERTAKER (ADDRESS): Cooper Funeral Home Miami Okla

20. FILED: 10-19-1936 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1936 to Oct 16, 1936
I last saw him alive on 10/16/36, 1936. Death is said to have occurred on the date stated above, at 11-05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	10/16/36

Other contributory causes of importance:

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?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD